

Exh 7

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
OFFICE OF THE IMMIGRATION JUDGE  
ARLINGTON, VIRGINIA**

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In the Matter of:	)	
	)	
Panton, Robert Savio	)	Motion to Reopen Proceedings
A031-257-320	)	
	)	
<i>In Removal Proceedings</i>	)	
	)	

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Exhibit List in Support of Respondent’s Motion to Reopen and Remand

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Exhibit A	Copy of Removal Order issued on January 27, 2021
Exhibit B	Request for Certification to NYPD, filed on December 18, 2020
Exhibit C	Application for U nonimmigrant status, filed December 22, 2023
Exhibit D	Grant of Deferred Action by ICE ERO, January 10, 2024
Exhibit E	Confirmation of Acceptance of Presidential Pardon Application, January 25, 2024
Exhibit F	USCIS Receipt Notice for Form I-918, Application for U non-immigrant status, January 17, 2024
Exhibit G	Proof of Prosecutorial Discretion Request, filed February 5, 2024
Exhibit H	Proof of Escalation of Prosecutorial Discretion Request, March 1, 2024
Exhibit I	DHS response to Prosecutorial Discretion Request, April 2, 2024

**A**

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
525 W. VAN BUREN, SUITE 500  
CHICAGO, IL 60607

National Immigrant Justice Center  
Navarrete Fernandez, Lhesly M  
224 S Michigan Ave.  
Suite 600  
Chicago, IL 60604

In the matter of  
PANTON, ROBERT SAVIO

File A 031-257-320

DATE: Jan 27, 2021

- Unable to forward - No address provided.
- ☒ Attached is a copy of the decision of the Immigration Judge. This decision is final unless an appeal is filed with the Board of Immigration Appeals within 30 calendar days of the date of the mailing of this written decision. See the enclosed forms and instructions for properly preparing your appeal. Your notice of appeal, attached documents, and fee or fee waiver request must be mailed to:
- Board of Immigration Appeals  
Office of the Clerk  
5107 Leesburg Pike, Suite 2000  
Falls Church, VA 22041
- Attached is a copy of the decision of the immigration judge as the result of your Failure to Appear at your scheduled deportation or removal hearing. This decision is final unless a Motion to Reopen is filed in accordance with Section 242b(c)(3) of the Immigration and Nationality Act, 8 U.S.C. § 1252b(c)(3) in deportation proceedings or section 240(b)(5)(C), 8 U.S.C. § 1229a(b)(5)(C) in removal proceedings. If you file a motion to reopen, your motion must be filed with this court:
- IMMIGRATION COURT  
525 W. VAN BUREN, SUITE 500  
CHICAGO, IL 60607
- Attached is a copy of the decision of the immigration judge relating to a Reasonable Fear Review. This is a final order. Pursuant to 8 C.F.R. § 1208.31(g)(1), no administrative appeal is available. However, you may file a petition for review within 30 days with the appropriate Circuit Court of Appeals to appeal this decision pursuant to 8 U.S.C. § 1252; INA §242.
- Attached is a copy of the decision of the immigration judge relating to a Credible Fear Review. This is a final order. No appeal is available.
- Other: \_\_\_\_\_

I.C.  
COURT CLERK  
IMMIGRATION COURT

FF

cc: ERIN KEELEY  
525 W VAN BUREN ST., STE 701  
CHICAGO, IL, 60607



IMMIGRATION COURT  
525 W. VAN BUREN, SUITE 500  
CHICAGO, IL 60607

In the Matter of

Case No.: A031-257-320

PANTON, ROBERT SAVIO  
Respondent

IN REMOVAL PROCEEDINGS

ORDER OF THE IMMIGRATION JUDGE

This is a summary of the oral decision entered on JAN 27, 2021.  
This memorandum is solely for the convenience of the parties. If the proceedings should be appealed or reopened, the oral decision will become the official opinion in the case.

- [ ] The respondent was ordered removed from the United States to MEXICO or in the alternative to .
- [ ] Respondent's application for voluntary departure was denied and respondent was ordered removed to MEXICO or in the alternative to .
- [ ] Respondent's application for voluntary departure was granted until \_\_\_\_\_ upon posting a bond in the amount of \$ \_\_\_\_\_ with an alternate order of removal to MEXICO.

Respondent's application for:

- [X] Asylum was ( ) granted (X) denied ( ) withdrawn.
- [X] Withholding of removal was ( ) granted (X) denied ( ) withdrawn.
- [ ] A Waiver under Section \_\_\_\_\_ was ( ) granted ( ) denied ( ) withdrawn.
- [ ] Cancellation of removal under section 240A(a) was ( ) granted ( ) denied ( ) withdrawn.

Respondent's application for:

- [ ] Cancellation under section 240A(b)(1) was ( ) granted ( ) denied ( ) withdrawn. If granted, it is ordered that the respondent be issued all appropriate documents necessary to give effect to this order.
- [ ] Cancellation under section 240A(b)(2) was ( ) granted ( ) denied ( ) withdrawn. If granted it is ordered that the respondent be issued all appropriated documents necessary to give effect to this order.
- [ ] Adjustment of Status under Section \_\_\_\_\_ was ( ) granted ( ) denied ( ) withdrawn. If granted it is ordered that the respondent be issued all appropriated documents necessary to give effect to this order.
- [ ] Respondent's application of (X) withholding of removal (X) deferral of removal under Article III of the Convention Against Torture was ( ) granted (X) denied ( ) withdrawn.
- [ ] Respondent's status was rescinded under section 246.
- [ ] Respondent is admitted to the United States as a \_\_\_\_\_ until \_\_\_\_\_.
- [ ] As a condition of admission, respondent is to post a \$ \_\_\_\_\_ bond.
- [ ] Respondent knowingly filed a frivolous asylum application after proper notice.
- [ ] Respondent was advised of the limitation on discretionary relief for failure to appear as ordered in the Immigration Judge's oral decision.
- [ ] Proceedings were terminated.
- [ ] If you are under a final order of removal, and if you willfully fail or refuse to 1) depart when and as required, 2) make timely application in good faith for any documents necessary for departure, or 3) present yourself for removal at the time and place required, or, if you conspire to or take any action designed to prevent or hamper your departure, you shall be subject to civil money penalty of up to \$813 for each day under

ALIEN NUMBER: 031-257-320

NAME: PANTON, ROBERT SAVIO

such violation. (INA section 274D(a)). If you are removable pursuant to INA 237(a), then you shall further be fined and/or imprisoned for up to 10 years. (INA section 243(a)(1)).

[X] Other: LPRE STATUS terminated  
Date: Jan 27, 2021

Samuel B. Cole  
SAMUEL B. COLE  
Immigration Judge

Appeal: Waived/Reserved Appeal Due By:

2-26-21

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL ☒ [M] PERSONAL SERVICE ☐ [P] ELECTRONIC SERVICE ☐ [E]  
TO: ☐ [ ] ALIEN ☐ [ ] ALIEN c/o Custodial Officer ☒ [ ] ALIEN's ATT/REP ☐ [ ] DHS  
DATE: 1-27-2021 BY: COURT STAFF HA  
Attachments: ☐ [ ] EOIR-33 ☐ [ ] EOIR-28 ☐ [ ] Legal Services List ☐ [ ] Other

Q6

**B**

ORIGIN ID: CHIA (312) 660-1334 LESHLY NAVARRETE FERNANDEZ NATIONAL IMMIGRANT JUSTICE CENTER 224 S MICHIGAN AVE SUITE 600 CHICAGO, IL 60604 UNITED STATES US		SHIP DATE: 17DEC20 ACTWGT: 0.50 LB CAD: 9601804/INET4280 BILL SENDER	
TO DOMESTIC VIOLENCE UNIT / U VISA NEW YORK POLICE DEPARTMENT ONE POLICE PLAZA ROOM 605 NEW YORK NY 10038 (212) 477-7690 REF: DETENTION DEPT:			
			
			
TRK# 7724 0309 2271 0201		FRI - 18 DEC 4:30P STANDARD OVERNIGHT	
06 SXYA NY-US 10038 EWR			

56BJ29196/B766

**After printing this label:**

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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



December 17, 2020

*Via Federal Express*

Domestic Violence Unit / U visa Certification Office  
New York City Police Department  
One Police Plaza, Room 605  
New York, NY 10038  
(212) 477-7690

**RE: U NONIMMIGRANT STATUS CERTIFICATION REQUEST**  
**Victim: PANTON, Robert, DOB 12/31/1965**  
**Case #: 0048**

Dear Officer,

Our office is assisting Robert Pantan (“Mr. Pantan”) in requesting a signed Form I-918 Supplement B law enforcement certification for a U nonimmigrant visa. We are respectfully requesting the New York Police Department certify that Mr. Pantan has been the victim of Attempted Murder in violation of PL § 110/125.25(1) and Assault in the Second Degree in violation of PL § 120.05.

On January 15, 1991, Mr. Pantan was standing opposite 2407 2<sup>nd</sup> Avenue when he heard a number of gun shots. Mr. Pantan was shot in the hip and face and was subsequently taken to Metropolitan Hospital in serious condition. This incident is documented in the attached complaint number 0295, case number 0048.

Mr. Pantan was interviewed by two NYPD detectives while recovering at Metropolitan Hospital. Mr. Pantan never saw the shooter and was therefore unable to identify the shooter. Since there were no leads nor evidence, the case was closed. In the three attached complaint reports, the NYPD indicated that Mr. Pantan had been a victim of Attempted Murder and Assault in the Second Degree. Mr. Pantan cooperated with the New York Police Department to the best of his ability.

We respectfully request that the New York Police Department certify that Mr. Pantan was the victim of a qualifying U visa crimes of Attempt to Commit Murder and Felonious Assault.

For your convenience, please find the following included with this request:

- A. Partially completed Form I-918 Supplement B (pending signature)
- B. Blank Form I-918, Supplement B
- C. Copy of New York Police Department Complaint Number 0295

Please note that Mr. Pantan is currently detained in Immigration and Customs Enforcement (ICE) custody and is currently in federal immigration removal proceedings, so we request that this request be processed as quickly as possible.

Please email the signed Form I-918 Supplement B to **lfernandez@heartlandalliance.org** and mail to the following address. We have included a prepaid Fedex envelope for your convenience.

**National Immigrant Justice Center  
Attn: Lhesly Fernandez (Detention Project)  
224 S Michigan Ave, Suite 600  
Chicago, IL 60604**

Thank you for your time and attention to this important matter. Please do not hesitate to call me at 312-660-1334 or email me at lfernandez@heartlandalliance.org should you have any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Lhesly Fernandez', is positioned above the typed name and contact information.

Lhesly Fernandez, Esq.  
National Immigrant Justice Center  
224 S Michigan Ave, Suite 600  
Chicago, IL 60604  
Tel: 312-660-1334  
Fax: 312-660-1505  
lfernandez@heartlandalliance.org





# Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-918  
OMB No. 1615-0104  
Expires 04/30/2021

For USCIS Use Only	Remarks

▶ **START HERE** - Type or print in black or blue ink.

## Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)

▶ A- 0 3 1 2 5 7 3 2 0

2.a. Family Name (Last Name) **Panton**

2.b. Given Name (First Name) **Robert**

2.c. Middle Name

**Other Names Used** (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information**.

3.a. Family Name (Last Name) **Lemon**

3.b. Given Name (First Name) **Bob**

3.c. Middle Name

4. Date of Birth (mm/dd/yyyy) **12/31/1965**

5. Gender ☒ Male ☐ Female

## Part 2. Agency Information

1. Name of Certifying Agency  
**New York Police Department**

Name of Certifying Official

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

## Agency Address

5.a. Street Number and Name **One Police Plaza**

5.b. ☐ Apt. ☒ Ste. ☐ Flr. **605**

5.c. City or Town **New York**

5.d. State **NY** 5.f. ZIP Code **10038**

5.g. Province

5.h. Postal Code

5.i. Country  
**USA**

## Other Agency Information

6. Agency Type  
☐ Federal ☐ State ☒ Local

7. Case Status  
☐ On-going ☒ Completed  
☐ Other

8. Certifying Agency Category  
☐ Judge ☒ Law Enforcement ☐ Prosecutor  
☐ Other

9. Case Number  
**0048**

10. FBI Number or SID Number (if applicable)

**Part 3. Criminal Acts**

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> Abduction  | <input type="checkbox"/> Manslaughter                                   |
| <input type="checkbox"/> Abusive Sexual Contact                               | <input checked="" type="checkbox"/> Murder                              |
| <input checked="" type="checkbox"/> Attempt to Commit Any of the Named Crimes | <input type="checkbox"/> Obstruction of Justice                         |
| <input type="checkbox"/> Being Held Hostage                                   | <input type="checkbox"/> Peonage  |
| <input type="checkbox"/> Blackmail  | <input type="checkbox"/> Perjury  |
| <input type="checkbox"/> Conspiracy to Commit Any of the Named Crimes         | <input type="checkbox"/> Prostitution                                   |
| <input type="checkbox"/> Domestic Violence                                    | <input type="checkbox"/> Rape   |
| <input type="checkbox"/> Extortion  | <input type="checkbox"/> Sexual Assault                                 |
| <input type="checkbox"/> False Imprisonment                                   | <input type="checkbox"/> Sexual Exploitation                            |
| <input checked="" type="checkbox"/> Felonious Assault                         | <input type="checkbox"/> Slave Trade                                    |
| <input type="checkbox"/> Female Genital Mutilation                            | <input type="checkbox"/> Solicitation to Commit Any of the Named Crimes |
| <input type="checkbox"/> Fraud in Foreign Labor Contracting                   | <input type="checkbox"/> Stalking                                       |
| <input type="checkbox"/> Incest   | <input type="checkbox"/> Torture  |
| <input type="checkbox"/> Involuntary Servitude                                | <input type="checkbox"/> Trafficking                                    |
| <input type="checkbox"/> Kidnapping   | <input type="checkbox"/> Unlawful Criminal Restraint                    |
|   | <input type="checkbox"/> Witness Tampering                              |

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy)
- 2.b. Date (mm/dd/yyyy)
- 2.c. Date (mm/dd/yyyy)
- 2.d. Date (mm/dd/yyyy)

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

**PL § 110/125.25(1), Attempted Murder**  
**PL § 120.05, Assault in the 2nd Degree**

- 4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

☒ Yes ☐ No

- 4.b. If you answered "Yes," where did the criminal activity occur?

**Opposite 2047 2nd Avenue, New York, NY 10029**

- 5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

☐ Yes ☒ No

- 5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1**. Attach copies of all relevant reports and findings.

**On January 15, 1991, Mr. Panton was standing opposite 2407 2nd Avenue when he heard a number of gun shots. Mr. Panton was shot in the hip and face and was subsequently taken to Metropolitan Hospital in serious condition. This incident is documented in the attached complaint number 0295, case number 0048.**

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

**Mr. Panton sustained injuries to his face and abdomen. He was treated with AV fistula placement subsequent to his gunshot wound.**



**Part 4. Helpfulness Of The Victim**

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3**? ☒ Yes ☐ No
2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☒ Yes ☐ No
3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☒ No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7**.

**Additional Information.**

Mr. Pantan was interviewed by two NYPD detectives while recovering at Metropolitan Hospital. Mr. Pantan never saw the shooter and was therefore unable to identify the shooter. Since there were no leads nor evidence, the case was closed. Mr. Pantan remains willing and available to cooperate with any investigative efforts by the New York Police Department.

4. Other. Include any additional information you would like to provide.

**Part 5. Family Members Culpable In Criminal Activity**

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? ☐ Yes ☒ No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

**Part 6. Certification**

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)




2. Date of Signature (mm/dd/yyyy)

3. Daytime Telephone Number

4. Fax Number

**Part 7. Additional Information**

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

New York Police Department

**Petitioner's Name**2.a. Family Name (Last Name) **Panton**2.b. Given Name (First Name) **Robert**

2.c. Middle Name

3. A-Number (if any)

▶ A- 0 3 1 2 5 7 3 2 0

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



# Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-918  
OMB No. 1615-0104  
Expires 04/30/2021

For USCIS Use Only	Remarks
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▶ **START HERE** - Type or print in black or blue ink.

## Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)

▶ A-

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2.a. Family Name  
(Last Name)

2.b. Given Name  
(First Name)

2.c. Middle Name

**Other Names Used** (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information**.

3.a. Family Name  
(Last Name)

3.b. Given Name  
(First Name)

3.c. Middle Name

4. Date of Birth (mm/dd/yyyy)

5. Gender ☐ Male ☐ Female

## Part 2. Agency Information

1. Name of Certifying Agency

Name of Certifying Official

2.a. Family Name  
(Last Name)

2.b. Given Name  
(First Name)

2.c. Middle Name

3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

4.a. Family Name  
(Last Name)

4.b. Given Name  
(First Name)

4.c. Middle Name

## Agency Address

5.a. Street Number  
and Name

5.b. ☐ Apt. ☐ Ste. ☐ Flr.

5.c. City or Town

5.d. State

**NY**

5.f. ZIP Code

5.g. Province

5.h. Postal Code

5.i. Country

## Other Agency Information

6. Agency Type

☐ Federal ☐ State ☐ Local

7. Case Status

☐ On-going ☐ Completed

☐ Other

8. Certifying Agency Category

☐ Judge ☐ Law Enforcement ☐ Prosecutor

☐ Other

9. Case Number

10. FBI Number or SID Number (if applicable)



### Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- |   |   |
|---|---|
| <input type="checkbox"/> Abduction                                    | <input type="checkbox"/> Manslaughter                                   |
| <input type="checkbox"/> Abusive Sexual Contact                       | <input type="checkbox"/> Murder   |
| <input type="checkbox"/> Attempt to Commit Any of the Named Crimes    | <input type="checkbox"/> Obstruction of Justice                         |
| <input type="checkbox"/> Being Held Hostage                           | <input type="checkbox"/> Peonage  |
| <input type="checkbox"/> Blackmail                                    | <input type="checkbox"/> Perjury  |
| <input type="checkbox"/> Conspiracy to Commit Any of the Named Crimes | <input type="checkbox"/> Prostitution                                   |
| <input type="checkbox"/> Domestic Violence                            | <input type="checkbox"/> Rape   |
| <input type="checkbox"/> Extortion                                    | <input type="checkbox"/> Sexual Assault                                 |
| <input type="checkbox"/> False Imprisonment                           | <input type="checkbox"/> Sexual Exploitation                            |
| <input type="checkbox"/> Felonious Assault                            | <input type="checkbox"/> Slave Trade                                    |
| <input type="checkbox"/> Female Genital Mutilation                    | <input type="checkbox"/> Solicitation to Commit Any of the Named Crimes |
| <input type="checkbox"/> Fraud in Foreign Labor Contracting           | <input type="checkbox"/> Stalking                                       |
| <input type="checkbox"/> Incest                                       | <input type="checkbox"/> Torture  |
| <input type="checkbox"/> Involuntary Servitude                        | <input type="checkbox"/> Trafficking                                    |
| <input type="checkbox"/> Kidnapping                                   | <input type="checkbox"/> Unlawful Criminal Restraint                    |
|   | <input type="checkbox"/> Witness Tampering                              |

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy)
- 2.b. Date (mm/dd/yyyy)
- 2.c. Date (mm/dd/yyyy)
- 2.d. Date (mm/dd/yyyy)

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

- 4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?
- ☐ Yes ☐ No

- 4.b.** If you answered "Yes," where did the criminal activity occur?

- 5.a.** Did the criminal activity violate a Federal extraterritorial jurisdiction statute? ☐ Yes ☐ No

- 5.b.** If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1**. Attach copies of all relevant reports and findings.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

## Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3**? ☐ Yes ☐ No
2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☐ No
3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☐ No

If you answer "Yes" to **Item Numbers 1 - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7**.

### Additional Information.

4. Other. Include any additional information you would like to provide.

[illegible]

**Part 5. Family Members Culpable In Criminal Activity**

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? ☐ Yes ☐ No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

**Part 6. Certification**

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)




2. Date of Signature (mm/dd/yyyy)

3. Daytime Telephone Number

4. Fax Number







COMPLAINT - FOLLOW UP INFORMATIONAL FD 313-001A (Rev. 4-88)-31		Time	Pct	CCCB No.	Complainant No.	Date of This Report
Att. Murder		25		0295	1/15/91	
Date of Orig. Report	Date Assigned	Case No.	Unit Reporting	Form No. 10		
1/10/91	1/10/91	0048	25 3rd.	2		
Complainant's Name (Last, First, MI)		Victim's Name (If Different)				
Panton, Robert						
Last Name, First, MI		Address, Include City, State, Zip				
Home Telephone		Business Telephone		Position / Relationship	Sex	Race
						Date of Birth
						Age
Total No. of Perpetrators		Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, caliber, type, model, etc.)	
				Used <input type="checkbox"/> Possessed <input type="checkbox"/>		
Wanted		Arrested	Last Name, First, MI	Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color
						Hair Color
						Hair Length
						Facial Hair
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>		Clothing Description				
Nicknames, First Name, Alias		Scars, Marks, M.O. Etc. (Continue in "Details")				
Wanted		Arrested	Last Name, First, MI	Address, Include City, State, Zip		
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color
						Hair Color
						Hair Length
						Facial Hair
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>		Clothing Description				
Nicknames, First Name, Alias		Scars, Marks, M.O. Etc. (Continue in "Details")				
AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."						
Comp. Interviewed	By Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in "Details")	
XX	XX		1/15/91		XX	
Witness Interviewed	By Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in "Details")	
XX	XX				XX	
Interview Conducted		Make Entry in Body Rpt. Time, Date, Names, Addresses, Results		Crime Scene Visited		
XX				XX		
Complaint Viewed		Future		Results		
XX				XX		
Witness Viewed Photo		Future		Results		
XX				XX		
Crime Scene Visited		By (Enter Results in "Details")		Crime Scene Photos		
XX				XX		
If Closing Case "No Results" Check Appropriate Box and State Justification in "Details."						
C-1 Improper Referral C-2 Inaccurate Facts <del>XX</del> C-3 No Evidence/Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted						
DETAILS:						
INVESTIGATION: ATT. MURDER						
SUBJECT: INTERVIEW OF COMPLAINANT						
1.) On 1/15/91 the assigned along with Det. Zarnoch responded to Met. Hosp. Ward 9A and interviewed the complainant regarding this case. At that time the complainant stated that he was standing opp. 2407 2nd. Ave. talking with approx. three other males (names unk.) when he heard a number of shots (3-4). One of the males he was talking to started to run towards Tiano Towers when he saw him fall. The complainant further stated that he heard another shot at which time he was hit in the hip, he went down, heard a couple of more shots one of which hit him above the lip. The complainant stated that he heard a total of 10-12 shots but never saw who was doing the shooting and cannot I.D. the shooter.						
2.) On 1/15/91 this complainant was arrested at Met. Hosp. on outstanding Federal Charges by the U.S. Marshalls. Marshall Bill Scott [REDACTED].						
3.) In view of the foregoing it is requested that this case be marked CLOSED - COMPLAINANT CAN'T ID...C-3.						
CASE		DATE REVIEWED / CLOSED		IF ACTIVE DATE OF NEXT REVIEW		
ACTIVE <del>XX</del> CLOSED		1/17				
REPORTING OFFICER	DATE	SIGNATURE	NAME PRINTED	TAX REG. NO.	COMMAND	
Det.		[Signature]	R. Stewart	870616		
PERMANENT / 10570	CASE	ENTER DESIGNATION	SIGNATURE	C.D. & INITIALS		
	CLOSED	C-3 ORB	[Signature]			
Choice 1	Choice 2	Perp 1	Perp 2	Perp 3	Perp 4	Perp 5

1st COPY CRIMINAL RECORDS SECTION 2nd COPY UNIT REFERRED TO 3rd COPY BOROUGH ROBBERY SQUAD



COMPLAINT - FOLLOW UP INFORMATIONAL PU 312-081A (Rev. 4/89) 31		PAGE 1 OF 1 PAGE	
Crime: <b>Att. Murder</b>		Per: <b>25</b>	NCB No: <b>0295</b>
Date of Orig. Report: <b>1/10/91</b>	Date Assigned: <b>1/10/91</b>	Case No: <b>0048</b>	Unit Reporting: <b>25 Jgd.</b>
Complainant's Name: Last First MI: <b>Panton, Robert</b>		Victim's Name: If Different:	
Last Name, First, MI:		Address, include City, State, Zip:	
Home Telephone:		Business Telephone:	
Position/Relationship:		Sex:	Race:
Date of Birth:		Age:	
Total No. of Perpetrators:	Wanted:	Arrested:	Weapon:
Used: <input type="checkbox"/> Possessed: <input type="checkbox"/>		Describe Weapon (If firearm, give color, make, caliber, type, model, etc.):	
Wanted: <input type="checkbox"/>	Arrested: <input type="checkbox"/>	Last Name, First, MI:	
Address, include City, State, Zip:		Apt. No.:	Per. No.:
Sex:	Race:	Date of Birth:	Age:
Height:	Weight:	Eye Color:	Hair Color:
Hair Length:	Facial Hair:	MYSID No.:	
Eyeglasses: <input type="checkbox"/> Sunglasses: <input type="checkbox"/>		Clothing Description:	
Nickname: First Name, Alias:		Scars, Marks, M.O. Etc. (Continue in "Details"):	
Wanted: <input type="checkbox"/>	Arrested: <input type="checkbox"/>	Last Name, First, MI:	
Address, include City, State, Zip:		Apt. No.:	Per. No.:
Sex:	Race:	Date of Birth:	Age:
Height:	Weight:	Eye Color:	Hair Color:
Hair Length:	Facial Hair:	MYSID No.:	
Eyeglasses: <input type="checkbox"/> Sunglasses: <input type="checkbox"/>		Clothing Description:	
Nickname: First Name, Alias:		Scars, Marks, M.O. Etc. (Continue in "Details"):	
AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."			
Comp. Interviewed:	Person:	By Phone:	Date:
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Results: Same as Comp. Report - Different (Explain in Details):			
Witness Interviewed:	Person:	By Phone:	Date:
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Results: Same as Comp. Report - Different (Explain in Details):			
Convicts Conducted:	Make Entry in Body Re: Time, Date, Names, Addresses, Results:		Crime Scene Visited:
Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Constantly Viewed Photos:	Results:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Yes: <input type="checkbox"/> Refused: <input type="checkbox"/> Future: <input type="checkbox"/>			
Witness Viewed Photos:	Results:		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Future: <input type="checkbox"/>
Yes: <input type="checkbox"/> Refused: <input type="checkbox"/> Future: <input type="checkbox"/>			
Crime Scene Dusted:	By (Enter Results in Details):		Crime Scene Photos:
Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
By (Enter Results in Details):			
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:			
<input type="checkbox"/> C-1 Improper Referral: <input type="checkbox"/> C-2 Inaccurate Facts: <input type="checkbox"/> C-3 No Evidence / Can't ID: <input type="checkbox"/> C-4 Uncooperative Complainant: <input type="checkbox"/> C-5 "Leads" Exhausted			
DETAILS:			
INVESTIGATION: ATT. MURDER			
SUBJECT: RESPONSE TO SCENE / ATT. T. INTERVIEW VICTIM			
<p>1.) On 1/10/91 the assigned along with Dets. Marin and Zarnoch responded to E.123 St. &amp; 2nd. Ave. in response to a notification of a shooting. Upon arrival the assigned was informed by Patrol Sgt. Smith that there were two victims, one was removed to Met. Hosp. in Serious Condition and the other to Harlem Hosp. with a gunshot wound to the buttocks.</p> <p>2.) On this same date the assigned responded to Met. Hosp. and attempted to interview victim Robert Panton. The victim was unable to be spoken to at this time and I was informed by the attending Physician that his wounds were not life threatening.</p> <p>3.) Case Active.</p>			
CASE:	DATE REVIEWED: <b>1/17</b>	IF ALIVE DATE OF NEXT REVIEW: <b>N/A</b>	
STATUS: <b>ACTIVE</b>	WASP:	SIGNATURE:	NAME PRINTED:
OFFICER:	Det.	<i>[Signature]</i>	R. Stewart
REVIEW/OFFICER:	CASE:	ENTER DESKTOP ID:	SIGNATURE:
SUPERVISOR:	CASED:	<i>[Signature]</i>	<i>[Signature]</i>
1st COPY CRIMINAL RECORDS SECTION		2nd COPY UNIT REFERRED TO	
3rd COPY BOROUGH ROBBERY SQUAD			

C

ORIGIN ID: CHIA (202) 374-5794  
 OLIVIA ABRECHT  
 HEARTLAND ALLIANCE- NUC  
 224 S. MICHIGAN AVE  
 6TH FLOOR  
 CHICAGO, IL 60604  
 UNITED STATES US

TO **ATTN: I-918**

**USCIS**

**38 RIVER ROAD**

**ESSEX JUNCTION VT 05479**

(800) 375-5283 REF: DETENTION- NO GRANT

INV:

PO:

DEPT:



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Express



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**XE EFKA**

**05479**

**VT-US BTV**



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December 21, 2023

USCIS Vermont Service Center  
Attn: I-918  
38 River Road  
Essex Junction, VT 05479-0001

**\*PLEASE EXPEDITE\***

**IMMINENT REMOVAL DATE OF MARCH 26, 2024**

**FEE WAIVER REQUESTED**

**Re: Robert Savio PANTON, A031-257-320**  
**Form I-918, Petition for U non-immigrant Status**  
**Form I-192, Request for Fee Waiver**  
**Form I-192, Application for Advance Permission to Enter as Nonimmigrant**  
**Form I-765, Application for Employment Authorization**

Dear Officer,

I represent, Robert Savio Panton (hereinafter “Mr. Panton” or “Robert”) in his application for U nonimmigrant status (“U visa”). Mr. Panton has a final order of removal and has been directed by NY ICE Field Office Director Kenneth Genalo to self deport by March 26, 2024. Ex H. Therefore, we respectfully request expedited review of his application.<sup>1</sup>

The following exhibits support Mr. Panton’s request for U nonimmigrant status:

- Form G-28, Notice of Entry of Appearance;
- Form I-918, Petition for U Nonimmigrant Status;
- Form I-918, Supplement B, signed Dec. 11, 2023;
- Form I-912, Request for Fee Waiver with supporting documents;
- Form I-192, Application for Advance Permission to enter as Nonimmigrant;
- Index of exhibits and supporting documents for Petition for U nonimmigrant status;
- Form I-765, Application for Employment Authorization for category (c)(14), along with two passport-style photos

*Please note that although U Nonimmigrant Status applicants need not submit (a)(19)-based work authorization applications, we are submitting a (c)(14)-based work authorization application pursuant to 8 C.F.R 274a.12(c)(14). We request that an Employment Authorization Document be issued and the applicant is granted deferred action status.*

<sup>1</sup> Mr. Panton requests expedited review pursuant to the USCIS policy manual, which lists humanitarian reasons and compelling interest of the U.S. government as grounds for expedited review. USCIS Policy Manual, Vol. 1, Pt. A, Ch. 5. (“USCIS may expedite a petition or application if it meets one or more of the following criteria...urgent humanitarian reasons...or compelling U.S. government interests.”).

## I. LEGAL ANALYSIS

Mr. Panton's application and supporting documentation demonstrates his eligibility for U Nonimmigrant status pursuant to INA § 101(a)(15)(U) by establishing: (1) he was the victim of the qualifying crimes of attempt to commit murder and felonious assault; (2) he has suffered significant physical, mental and emotional harm as a result of these crimes; (3) he possess information regarding the qualifying criminal activity; (4) a Federal, State, or local government official who prosecuted the criminal activity certifies that Mr. Panton has been, is being, or is likely to be helpful to the officials in the investigation or prosecution of the criminal activity; and (5) the criminal activity violated the laws of the United States and occurred in the United States. *See* INA § 101(a)(15)(U); 8 C.F.R. § 214.14 et al.

### A. Mr. Panton was the Victim of the Qualifying U visa Crimes of Attempt to Commit Murder and Felonious Assault and cooperated with the NYPD in their investigation

On January 10, 1991, Mr. Panton was shot twice while walking near 123<sup>rd</sup> and 2<sup>nd</sup> Avenue in New York City. He believes the man who shot him targeted him out of a mistaken belief that he had cooperated with police in the arrest of another man. Ex I, Applicant's Declaration. He was taken to Metropolitan Hospital "in serious condition". Ex. K (Incident Report, Complaint No. 0295, Case No. 0048). The NYPD has certified that Mr. Panton is the victim of the qualifying crimes of Attempt to Commit Murder and Felonious Assault and that he was helpful to the officials in the investigation. *See* Form I-918B, dated Dec. 11, 2023.

Per the Incident Report generated by the New York City Police Department in 1991, Robert was the victim of Attempted Homicide under New York Penal Law (NYPL) § 125.00 and Assault in the Second Degree under NYPL § 120.05. Ex. L. Both crimes are clearly qualifying crimes for purposes of an application for U non-immigrant status. The INA list of criminal activity that qualifies a victim for U nonimmigrant status includes "murder" or "attempt", "felonious assault" and "any similar activity in violation of Federal, State, or local criminal law" (emphasis added). INA § 101(a)(15)(U)(iii). First, Attempted Homicide from a shooting clearly fits within the qualifying crime of Attempt to commit Murder. *See* NYPL § 125.00 at Ex L. Second, in New York, Assault in the Second Degree is a Class D felony that is in relevant part is defined as:

*"With intent to cause serious physical injury to another person, he causes such injury to such person or to a third person; or (2) with intent to cause physical injury to another person, he causes such injury to such person or to a third person by means of a deadly weapon or a dangerous instrument...."*

*See* NYPL § 120.05 at Ex. X. Therefore, given the nature of the attack that Mr. Panton suffered and the elements of Assault in the Second degree under the New York Penal Code, Mr. Panton was the victim of the qualifying crime of both Attempt to commit Murder and Felonious Assault or similar activity under INA § 101(a)(15)(U)(iii).

Finally, as evidenced by the incident report, Robert possess information regarding the crime and shared this information with officers. Ex. K. First, despite being in and out of consciousness, he spoke with officers at the scene of the shooting. *Id.*; Ex. I. Then, once his condition stabilized, he spoke with detectives five days later at Metropolitan Hospital. Ex. K, I. Although still heavily sedated and disoriented from his injuries, Mr. Panton cooperated with the detectives to the best of his ability, providing them with information regarding who had been at the scene of the shooting. Ex. K, I. As such, Mr. Panton meets the criteria for U non-immigrant status.

**B. Mr. Panton Suffered Significant Physical, Mental, and Emotional Harm<sup>2</sup>**

Mr. Panton suffered severe physical, mental and emotional injuries as a result of the shooting. He was shot twice – once in his right hip and once on the left side of his face. As he bled out on the sidewalk, Robert recalls going in and out of consciousness as he heard people screaming around him. He recalls that his face simultaneously burned and itched – a terrifying sensation that he will never forget. Meanwhile, pain in his hip radiated and progressed to numbness in his feet. In panic that he might be paralyzed, he desperately called for someone to take his boots off. Paramedics rushed him to Metropolitan Hospital where he stayed for approximately three weeks and required a number of surgeries. In addition to extracting the bullets, doctors had to repair his bladder and take a skin graft to repair his face. Robert had to return for another emergency surgery thereafter. From what he recalls, doctors had to implant a clip in an artery near his stomach.

Robert’s sister Grace stayed by Roberts’s bedside in the hospital after the shooting. Ex. J, Affidavit of Grace Carrington. For days after the shooting, she recalls the doctors using the term “guarded” to describe his prognosis and she feared Robert was “a goner”. In her declaration, she recalls the clear pain on his face when he moved and how difficult it was for her to see him so “debilitated”. *Id.* To this day, Robert has related pain in his hip from arthritis and chronic pain that makes it difficult for him to be physically active. Standing for extended periods or walking longer distances are incredibly difficult for him. *Id.*; Ex. I. He also has a recurring twitch in his face and a “droop eye” from nerve damage. Ex. J, I.

Additionally, for years after the shooting and to this day, Mr. Panton has struggled with Post Traumatic Stress Disorder (PTSD) and anxiety. After the shooting, he began having nightmares about being shot that were so severe he finally began talking to a psychologist who diagnosed him with PTSD. The Chief Psychologist at USP Canaan worked with Robert over the course of numerous visits to teach him coping mechanisms. To this day, Robert experiences severe anxiety, flashbacks, and pain in his chest whenever he hears a pop or firecracker like sound.

As discussed below in his request for a waiver, Robert also was arrested and incarcerated immediately following the shooting for a nonviolent drug offense. As a result of the shooting Robert feared that he would be labeled a “snitch” and face further attacks while serving his prison sentence. Robert had never been incarcerated before and he felt debilitating fear that he would be

<sup>2</sup> Unless otherwise noted, facts herein can be found in Mr. Panton’s Declaration at Ex I.



harmful or even killed in prison. Although he eventually overcame this stigma, grew to be known as a positive influence in prison, and was released early due to extraordinary rehabilitation – his first years were marked by intense fear. This led to isolation, difficulty sleeping, and aggravated the PTSD that resulted from the shooting, constituting further physical and emotional injury.

**C. Any and All Grounds that Could Render Mr. Panton Inadmissible to the United States Should be Waived**

Mr. Panton has filed Form I-192 and requests waiver of any grounds of inadmissibility that may apply. Mr. Panton is a 57-year-old community leader, youth mentor, father and grandfather in Harlem, who has lived in the United States for over 50 years as a lawful permanent resident since coming to the United States at the age of four from Jamaica. He has three children who are U.S. citizens, Aaron, Shamecca, and Dajon—a New York Police Department officer who credits his father with guiding him to a life of service. Ex. W – AA, Letters of Support from Family Members. Mr. Panton is also a doting grandfather to nine grandchildren and has three U.S. citizen sisters. *Id.* Mr. Panton currently lives in Harlem, where he is involved in community led efforts to build a safer, supportive neighborhood for youth. *See generally* Exs M – FF (Letters of Support and Evidence of Rehabilitation and Community Leadership). His numerous accomplishments and contributions are discussed in detail below.

Mr. Panton’s sole conviction is from over 30 years ago. In January 1992, Mr. Panton was convicted to one count of conspiring to distribute and possess with intent to distribute more than a kilogram of heroin between April 1988 and May 1989 in violation of 21 U.S.C. §§ 821, 841(a)(1), and 841(b)(1)(A). Ex. D, Original Disposition; Ex. E, Resentencing Order (discussing facts underlying original offense and extensive rehabilitation while in prison); Ex. F, Early Termination of Supervised Release Order. In 1994, Mr. Panton was sentenced to life imprisonment, an unduly harsh sentence that would be significantly lower today due to significant criminal justice reforms. *Id.* *See U.S. Sentencing Commission Guidelines Manual (2023) at 2*, <https://www.ussc.gov/sites/default/files/pdf/guidelines-manual/2023/GLMFull.pdf>. In the wake of such reforms, in August 2020, Mr. Panton was released by Judge Preska of the Southern District of New York, who reduced his sentence to time served, finding that during his time in prison, Mr. Panton had “fully rehabilitated himself.” Ex. E. Mr. Panton deeply regrets his involvement in the drug trade in Harlem and has committed himself to making amends by helping youth people in Harlem avoid the mistakes he made.

Mr. Panton is now preparing to file an application for a presidential pardon, supported by two members of congress and the original prosecutor in his case. Ex N, Letter of Support U.S. Rep. Espaillat (NY-13); Ex. O, Letter of Support U.S. Rep. Nadler (NY-12); Ex M, Letter of Support, former Assistant U.S. Attorney Henry DePippo.

Specifically, Mr. Panton requests waiver of the following grounds:

1. INA § 212(a)(2)(A)(i)(I) Crimes Involving Moral Turpitude and INA § 212(a)(2)(C) Drug Trafficking Offense: In 1992, Mr. Panton was convicted in the Southern District of New York of one count of conspiring to distribute and possess with intent to distribute more than a kilogram of heroin between April 1988 and May 1989 in violation of 21 U.S.C. §§ 821, 841(a)(1), and 841(b)(1)(A). His original sentence to life imprisonment was reduced in August 2020 to time served plus one week. See Ex. E, *United States v. Panton*, No. 89 Cr. 346 (S.D.N.Y. Aug. 4, 2020).
2. INA § 212(a)(7)(B) Documentation Requirements: Mr. Panton, previously a lawful permanent resident, was ordered removed on January 27, 2021. Thereafter, he was granted two consecutive stays of removal. His stay expired in September 2023. Acting Director Kenneth Genalo has directed him to self deport by March 26, 2024. Mr. Panton is currently not in possession of a valid unexpired nonimmigrant visa at this time. He also lacks a valid passport. He has been unable to renew his passport without a birth certificate and is currently working with the Jamaican consulate to locate the necessary paperwork.

Mr. Panton merits an exercise of discretion under *Matter of Hranka*, 16 I&N Dec. 491 (BIA 1978) (providing the criteria to adjudicate a waiver pursuant to § 212(d)(3)(A)). Each of the criteria enumerated by the Board in *Matter of Hranka* – namely (1) the risk of harm to society if the applicant is admitted; (2) the seriousness of the applicant’s criminal or immigration law violation; and (3) the reason for seeking entry – support a finding that Mr. Panton’s merits an exercise of discretion. Given Mr. Panton’s demonstrated remorse, rehabilitation and exemplary record of community service, as well as his extensive roots and familial relationships in the United States, Mr. Panton has demonstrated he merits a grant of a waiver pursuant to INA § 212(d)(3)(A). Alternatively, Mr. Panton seeks a Waiver under INA § 212(d)(14) as his presence in the United States is in the public interest.

1. **Mr. Panton’s 30-year-old conviction is not evidence of any threat to public safety today. To the contrary, his recognized rehabilitation and efforts to make amends for his past wrongdoing support an exercise of discretion.** <sup>3</sup>

Mr. Panton’s 1994 conviction is a nonviolent offense for conduct that took place in the 1980s at the height of the “War on Drugs.” Although born in Jamaica, Robert’s mother raised him and his three sisters in Harlem on her own. The family lived in the Wagner Projects where drugs were omnipresent. As a teenager, Robert aspired to become a professional boxer, but his blossoming career was derailed by a hand injury and then, a few years later, a serious back injury. Unable to box competitively anymore, he became a trainer at a local gym, where he was hired by George Rivera to train for a boxing competition. George Rivera later offered Robert a different kind of job: managing the money for a street-level drug distribution location. Robert agreed to “hold money” for George with the knowledge that the money was from the sale of heroin. Although he did not sell the drugs and did not know how large of an enterprise George was operating, he now deeply regrets his decision to become involved in any capacity. Mr. Panton has expressed sincere remorse for his action, and he understands that “being regretful is not enough. You have to make

<sup>3</sup> Unless otherwise noted, all facts made me found in Mr. Panton’s Declaration at Ex. X.

reparations in the same place you polluted.” Ex I. For that reason, he has committed himself to mentoring youth in Harlem since his release.

Mr. Panton’s severe, original sentence to life imprisonment does not reflect any level of dangerousness. In fact, in granting Mr. Panton’s release from prison in 2020, Judge Preska of the Southern District of New York noted that releasing Robert would “avoid sentencing disparity” and that Robert’s time served was “more than enough to deter someone considering similar activity.” Ex E at 39. Mr. Panton is now pursuing a presidential pardon with the support of the original prosecutor in his case, then Assistant U.S. Attorney Henry DePippo, who writes in a letter of support:

*“In light of Mr. Panton’s acceptance of responsibility and expression of remorse and his continued positive trajectory since his release, I support Mr. Panton’s application for a pardon. In particular I see no reason to deport Mr. Panton to Jamaica at this point.”*

Ex. M, Letter of Support by Henry De Pippo.

Both Judge Preska and Mr. De Pippo’s support for Mr. Panton’s ability to live freely in his community underscore Mr. Panton’s exceptional rehabilitation. Ex. E, M. In her decision, Judge Preska found that Robert had demonstrated “exceptional and compelling circumstances” warranting his release from prison, noting that there was “no doubt” he had fully rehabilitated himself and “no need for further incarceration to protect the public.” Ex. E. at 39. She observed that while incarcerated, Robert had taken advantage of “every opportunity to improve himself and to prepare for a law-abiding, productive life.” Ex. E at 37. In particular, Judge Preska recognized his role as a mentor in the Slow Down Program, a program that Robert helped launch while at USP Atlanta, which provided mentoring to youth at risk of imprisonment. While serving as a mentor in the program, Robert was confided in by a sexually abused teenager. Robert encouraged her to report the crime and seek help. Judge Preska commented that this was she an “extraordinary act,” “an extreme example of compassion,” that demonstrated a “desire to do good.” Ex. E at 40.

As Judge Preska noted, Mr. Panton dedicated his time in prison to better himself and those around him. As early as 1993, Mr. Panton began furthering his education. He eventually completed more than 20 courses—learning subjects ranging from creative writing to emotional intelligence. Ex. DD, Certificates. Mr. Panton later obtained diplomas in Civil Litigation Studies and The Professional Paralegal Program from The School of Paralegal Studies at United States Penitentiary (USP) Atlanta. *Id.* In subsequent years, he served as a creative writing teacher, mentor, and Imam to other incarcerated individuals. Ex. I; Ex. BB, Letter of Support from Tyrone Ward. His recognized leadership in the facility was such that wardens to help intervene when conflicts arose called upon him. *Id.*

Judge Preska’s belief in Robert as a positive force for good has borne true since his release. Mr. Panton has returned to Harlem and spent the last two years giving back to his community, working to make sure the youth of today do not make the same mistakes that he did when he was their age.

To that end, he and Poet Laureate Mahdi Salaam launched “Ingenious I am” and the “Too Young to Die” campaign, which offers mentorship and guidance to youth in Harlem. Ex. FF, Images of Mr. Panton at community events representing the Too Young to Die Campaign; Exs M – V. In recognition of his tireless advocacy, he was awarded the Community Warrior Award by local Harlem organizations in 2023. Ex. EE at 164, Community Warrior Award; Ex FF at 170.

One of his principal achievements has been an 8-week summer program for youth in 2022 that he designed and ran in coordination with Lead by Example Reverse the Trend. Mr. Panton is now also mentoring youth regarding job readiness in collaboration with Urban Home Ownership. Ex. U, Letter of Support from Sheila Davis Dotson. Saul Breton, a mentee of Robert, writes in a letter of support that in his youth he struggled with drugs and alcohol. Ex. CC. He then met Mr. Panton who “taught [him] the importance of resilience” by sharing “his own experiences with failure...He encouraged me to see the challenge as an opportunity to learn, grow and become stronger.” Ex CC, Letter of Support Saul Breton.

Meanwhile Robert remains close with his children, grandchildren, and sisters –all of whom see him as a positive role model within their family and hope that he will be able to remain with them in the United States. Exs. W-AA, Letters of Support from Family members.

**2. The outpouring of support for Mr. Panton from community leaders, elected officials, and civil society organizations evidences that he is a beloved and respected community leader with deep roots in Harlem such that his removal would not be in the public interest.**

In just three years since his release, Robert has become a renowned and indelible member of his Harlem community. Robert’s work and path of transformation has garnered the support of key Harlem and New York leaders including Bishop Edgerton and Deacon Streety of the Chambers Memorial Baptist Church and dozens of National and New York organizations. Exs M-V. In her letter of support for his pardon application, Deacon Streety writes that she has “seen Robert change over the years” and that he has a “refusal in his spirit to return to any of his past activities or associates. Ex. S. He remains positive, creative, passionate and committed to the Youth and community at large.” *Id.* Similarly, Mr. Hendrickson, the founder of Lead by Example, writes that Mr. Panton “is the ideal person to speak truth to the youngsters” because “Robert has been where they are at now and understands the life lessons they need to hear. Ex. T. Robert being in this country shows what redemption is all about, and how a second chance in any circumstance is supposed to benefit himself and his community.” *Id.*

Crucially, Mr. Panton has also garnered the support of two congressional representatives: Rep. Espaillat (NY-13) and Rep. Nadler (NY-12). Both Congressmen support a pending application for a presidential pardon for Mr. Panton. Ex. N, Letter of Support Rep. Espaillat (“Mr. Panton’s story and work in New York City offer a shining example of the profoundly positive effect that rehabilitated individuals can have in our communities.”); Ex. O, Letter of Support Rep. Nadler (“[S]hould Mr. Panton’s conviction result in deportation, our own communities will suffer

tremendously. Through hard work, acts of membership, and a big heart, Mr. Panton is using his second chance to help improve the lives and futures of our children. Our communities are stronger and safer because of his work.”). This outpouring of support of Mr. Panton and recognition of his leadership confirms that he poses no harm and is deserving of an exercise of discretion.

### **3. Mr. Panton would face irreparable harm if deported to Jamaica**

Mr. Panton has lived in the United States for over 50 years. Deportation would force Mr. Panton to leave the only country knows and return to a country he does not remember and to which he has no familial or community ties. There is nothing for him in Jamaica—no family, no friends, no work, and no money. Instead, what awaits Mr. Panton in the final chapter of his life would be the stigma of being an American deportee in a country with increasing gang and government-sponsored/condoned violence and no opportunity to make reparations to the Harlem community he wants to serve.

By contrast, his entire family is in the United States, including his three children, three sisters, and nine grandchildren, and they would all be devastated by his deportation. *See* Ex W–AA, Letters of Support from Family Members. If he is allowed to stay in the United States, Robert’s daughter Shamecca plans to move to New York with her child to live with Robert so that he can spend more time with his granddaughter; “[i]t would be so nice to have his help in raising her,” she writes. Ex. X. Similarly, Robert’s son, Dajon, credits his decision to serve in the New York Police Department to the mentorship he received from his father while Robert was incarcerated. Now, Dajon hopes that the child he is expecting in the coming months will also benefit from Robert’s care and support. He writes, “This family needs the role model of a rehabilitated man in our life forever.” Ex. W.

Therefore, Mr. Panton respectfully requests your favorable consideration of his petition for U nonimmigrant status and accompanying waiver. Should you desire any additional Information or documentation, please do not hesitate to contact me at (312) 224-1348.

Enclosed please find the following in support of the petition:

#### **Forms and Fee Waiver Request:**

- G-28, Entry of Appearance as Attorney
- Form I-918, with addendum
- Form I-918, Supplement B signed by Superintendent of Police, New York Police Department
- Form I-192, Application for Advance Permission to Enter as a Nonimmigrant
- Form I-912, Request for Fee Waiver for Forms I-192 and I-765, with addendum
- Form I-765, Application for Employment Authorization

#### **Identity Documents, Dispositions, Immigration Records:**

- Exhibit A, Copy of Mr. Panton’s passport
- Exhibit B, New York Disposition, Case No. 2N050653

- Exhibit C, New York Disposition, Case No. 5N115065
- Exhibit D, Original Judgement, Case No. 89 Cr. 346
- Exhibit E, Resentencing Order by U.S. District Judge Preska, Case No. 89 Cr. 346
- Exhibit F, Early Termination of Supervised Release Order by U.S. District Judge Preska, Case No. 89 Cr. 346
- Exhibit G, Removal Order
- Exhibit H, Stays of Removal
  - ICE Stay of Removal, dated October 1, 2021
  - ICE Stay of Removal, dated Sept. 27, 2022
  - Letter from New York Field Office Director Kenneth Genalo, dated Aug. 25, 2023

**Documents Establishing that Mr. Panton possesses information concerning criminal activity listed under the U Visa, and that he has been helpful to law enforcement in investigating the criminal activity and that the criminal activity occurred within the United States**

- Ex. I, Affidavit of Mr. Panton
- Ex. J, Affidavit of Ms. Grace Carrington (Applicant's Sister)
- Ex. K, Copy of the New York Police Reports related to shooting on Jan. 10, 1991
- Ex. L, Copy of the New York statutes for the qualifying offenses

**Documents establishing substantial physical, mental and emotional harm Mr. Panton suffered because he was the victim of attempted murder and felonious assault**

- Ex. I, Affidavit of Mr. Panton
- Ex. J, Affidavit of Ms. Grace Carrington
- Ex. K, a copy of the New York Police Reports related to shooting on Jan. 10, 1991

**Documents establishing that Mr. Panton Merits U visa Relief in the Exercise of Discretion**

**Letters of Support from Community Leaders in Support of a Presidential Pardon Application**

- Ex. M, Letter of Support by Henry DePippo, federal prosecutor in Mr. Panton's federal conviction
- Ex. N, Letter of Support by U.S. Rep. Adriano Espaillat (NY-13)
- Ex. O, Letter of Support by U.S. Rep. Jerrold Nadler (NY-14)
- Ex. P, Letter of Support by National NGO and Civil Society Organizations
- Ex. Q, Letter of Support by New York Organizations
- Ex. R, Letter of Support by Bishop Edgerton, Chambers Memorial Baptist Church
- Ex. S, Letter of Support by Deacon Streety, Chambers Memorial Baptist Church
- Ex. T, Letter of Support by Antonio Hendrickson, founder of Lead by Example Reverse The Trend
- Ex. U, Letter of Support by Sheila Davis Dotson, Urban Home Ownership Corporation
- Ex. V, Letter of Support by Wendy Thorton, Retired Former Assistant Vice President for Student Affairs at CUNY



Letters of Support from Family Members

- Ex. W, Letter of Support by NYPD Officer Dajon Panton (Applicant's Son)
- Ex. X, Letter of Support by Shamecca Panton (Applicant's Daughter)
- Ex. Y, Letter of Support by Aaron Jenkins (Applicant's Son)
- Ex. Z, Letter of Support by Lilly Correa (Applicant's Girlfriend)
- Ex. AA, Letter of Support By Kandel Cornwall (Applicant's Sister)


Letters of Support from Mentees:

- Ex. BB, Letter of Support by Tyrone Ward, mentee of Mr. Panton's
- Ex. CC, Letter of Support by Saul Breton, mentee of Mr. Panton's

Awards, Certificates and Achievements

- Ex DD, Certificates
- Ex. EE, Awards
- Ex. FF, Pictures of Mr. Panton

Respectfully submitted,



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Olivia Abrecht  
Staff Attorney,  
National Immigrant Justice Center  
224 S. Michigan Ave, Suite 600  
Chicago, Illinois 60604  
312-224-1348  
oabrecht@heartlandalliance.org



# **Notice of Entry of Appearance as Attorney or Accredited Representative**

**Department of Homeland Security**

**DHS**

**Form G-28**

OMB No. 1615-0105

Expires 05/31/2021

## **Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)

▶

### **Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### **Address of Attorney or Accredited Representative**

3.a. Street Number and Name

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### **Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

## **Part 2. Eligibility Information for Attorney or Accredited Representative**

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

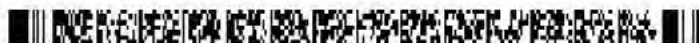
2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate





**Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☒ Applicant ☐ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

**Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
9. Client's Alien Registration Number (A-Number) (if any)

**Client's Contact Information**

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

**Mailing Address of Client**

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State  13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

**Part 4. Client's Consent to Representation and Signature****Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



**Part 4. Client's Consent to Representation and Signature (continued)****Options Regarding Receipt of USCIS Notices and Documents**

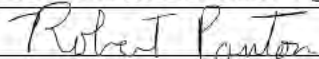
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

2.a. Signature of Client or Authorized Signatory for an Entity

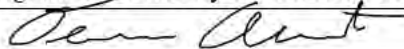
➡ 

2.b. Date of Signature (mm/dd/yyyy) 12/15/2023

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy) 12/21/2023

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)





**Part 6. Additional Information**

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **Panton**

1.b. Given Name (First Name) **Robert**

1.c. Middle Name **Savio**

2.a. Page Number  2.b. Part Number  2.c. Item Number

2.d. \_\_\_\_\_  
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3.a. Page Number  3.b. Part Number  3.c. Item Number

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5.a. Page Number  5.b. Part Number  5.c. Item Number

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6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
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**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-918**  
OMB No. 1615-0104  
Expires 06/30/2023

For USCIS Use Only	Remarks		Receipt		Action Block	
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed			
		From: ____ / ____ / ____				
		To: ____ / ____ / ____	Stamp Number	Date (mm/dd/yyyy)		

<b>To be completed by an attorney or accredited representative (if any).</b>	<input checked="" type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> 6343286	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <div style="border: 1px solid black; height: 20px;"></div>
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**Part 1. Information About You** (Person filing this petition as a victim)

1.a. Family Name (Last Name)	<b>Panton</b>
1.b. Given Name (First Name)	<b>Robert</b>
1.c. Middle Name	<b>Savio</b>

**Other Names Used** (Include maiden name, nicknames, and aliases, if applicable)

2.a.	Family Name (Last Name)	<b>Lemon</b>
2.b.	Given Name (First Name)	<b>Bob</b>
2.c.	Middle Name	

3.a.	Street Number and Name	135 W 123rd St
3.b.	<input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	1A
3.c.	City or Town	New York
3.d.	State	NY
3.e.	ZIP Code	10027
3.f.	Province	N/A
3.g.	Postal Code	N/A
3.h.	Country	USA

4.a. In Care Of Name

4.b. Street Number and Name

4.c. ☐ Apt. ☐ Ste. ☐ Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

5. Alien Registration Number (A-Number) (if any)

▶ A- 

0	3	1	2	5	7	3	2	0
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6. U.S. Social Security Number (if any)

▶ 

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7. USCIS Online Account Number (if any)

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8. Marital Status

☒ Single ☐ Married ☐ Divorced ☐ Widowed



**Part 1. Information About You (continued)**

9. Gender ☒ Male ☐ Female
10. Date of Birth (mm/dd/yyyy) 12/31/1965
11. Country of Birth  
Jamaica
12. Country of Citizenship or Nationality  
Jamaica
13. Form I-94 Arrival-Departure Record Number  

☒ unknown
14. Passport Number 379076
15. Travel Document Number
16. Country of Issuance for Passport or Travel Document  
Jamaica
17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy) 08/14/1970
18. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 08/13/1975

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

- 19.a. City or Town New York
- 19.b. State NY
20. Date of Last Entry into the United States (mm/dd/yyyy) 10/1974
21. Date Authorized Stay Expired (mm/dd/yyyy) 09/2023
22. Current Immigration Status  
OSUP, applicant for U non-immigrant status

**Part 2. Additional Information About You**

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.

If you need extra space to complete **Part 2.**, use the space provided in **Part 8. Additional Information.**

Select "Yes" or "No," as appropriate, for each of the following questions.

1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii). ☒ Yes ☐ No
2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. ☒ Yes ☐ No
3. I possess information concerning the criminal activity of which I was a victim. ☒ Yes ☐ No
4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official. ☒ Yes ☐ No
5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States. ☒ Yes ☐ No
6. I am under 16 years of age. ☐ Yes ☒ No
- 7.a. I was or am in immigration proceedings. ☒ Yes ☐ No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.

- 7.b. ☒ Removal Proceedings  
Removal Date (mm/dd/yyyy) 01/27/2021
- 7.c. ☐ Exclusion Proceedings  
Exclusion Date (mm/dd/yyyy)
- 7.d. ☐ Deportation Proceedings  
Deportation Date (mm/dd/yyyy)
- 7.e. ☐ Rescission Proceedings  
Rescission Date (mm/dd/yyyy)
- 7.f. ☐ Judicial Proceedings  
Judicial Date (mm/dd/yyyy)

**Part 2. Additional Information About You**  
(continued)

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy)

N/A

Place of Entry into the United States

8.b. City or Town

8.c. State

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

9.a. Date of Entry (mm/dd/yyyy)

N/A

Place of Entry into the United States

9.b. City or Town

9.c. State

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

10.a. Date of Entry (mm/dd/yyyy)

N/A

Place of Entry into the United States

10.b. City or Town

10.c. State

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select **only one** box):

- ☐ U.S. Consulate ☐ Pre-Flight Inspection  
☐ Port-of-Entry

11.b. City or Town

11.c. State

11.d. Country

**Safe Foreign Address Where You Want Notification Sent**  
 (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

**Part 3. Processing Information**

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

**NOTE:** If you answer "Yes" to **ANY** question in **Part 3.**, provide an explanation in the space provided in **Part 8. Additional Information.**

**NOTE:** Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

1.a. Committed a crime or offense for which you have not been arrested? ☐ Yes ☒ No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? ☒ Yes ☐ No

1.c. Been charged with committing any crime or offense? ☒ Yes ☐ No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? ☒ Yes ☐ No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☒ Yes ☐ No

**Part 3. Processing Information (continued)**

- 1.f. Received a suspended sentence, been placed on probation, or been paroled? ☒ Yes ☐ No
- 1.g. Been in jail or prison? ☒ Yes ☐ No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☒ No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No

**Information About Arrests, Citations, Detentions, or Charges**

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information**.

- 2.a. Why were you arrested, cited, detained, or charged?

see attached criminal history chart

- 2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

- 2.c. City or Town

- 2.d. State

- 2.e. Country

- 2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

- 3.a. Why were you arrested, cited, detained, or charged?

- 3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

- 3.c. City or Town

- 3.d. State

- 3.e. Country

- 3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Have you **EVER**:

- 4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☒ No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☒ Yes ☐ No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No
- 5.c. Assassination? ☐ Yes ☒ No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the INA? ☐ Yes ☒ No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No



**Part 3. Processing Information (continued)**

- 6.c.** Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No
- 6.d.** Assassination? ☐ Yes ☒ No
- 6.e.** The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No
- 6.f.** The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No
- 6.g.** Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☒ No

Do you intend to engage in the United States in:

- 7.a.** Espionage? ☐ Yes ☒ No
- 7.b.** Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States? ☐ Yes ☒ No
- 7.c.** Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☒ No
- 8.** Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No
- 9.** Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a.** Acts involving torture or genocide? ☐ Yes ☒ No
- 10.b.** Killing any person? ☐ Yes ☒ No
- 10.c.** Intentionally and severely injuring any person? ☐ Yes ☒ No
- 10.d.** Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☒ No
- 10.e.** Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No
- 10.f.** The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No
- 10.g.** Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information.**

- 11.** Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? ☐ Yes ☒ No

Have you **EVER** been present or nearby when any person was:

- 12.a.** Intentionally killed, tortured, beaten, or injured? ☒ Yes ☐ No
- 12.b.** Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☒ No
- 12.c.** In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☒ No

Have you **EVER**:

- 13.a.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? ☐ Yes ☒ No



**Part 3. Processing Information (continued)**

**13.b.** Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☒ Yes ☐ No

**13.c.** Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

**14.a.** Received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No

**14.b.** Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

**14.c.** Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

**15.a.** Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No

**15.b.** Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☒ No

**16.** Are you **NOW** in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

**17.** Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you? ☒ Yes ☐ No

**18.** Have you **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☒ No

**19.** Have you **EVER** been ordered to be removed, excluded, or deported from the United States? ☒ Yes ☐ No

**20.** Have you **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☒ No

**21.** Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☒ No

**22.** Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☒ No

**23.** Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☒ No

**24.** Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? ☐ Yes ☒ No

**25.** Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☒ No

**26.** Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☒ No

**27.** Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

**28.** Have you **EVER** entered the United States as a stowaway? ☐ Yes ☒ No

**29.a.** Do you **NOW** have a communicable disease of public health significance? ☐ Yes ☒ No

**29.b.** Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☒ No

**29.c.** Are you **NOW** or have you **EVER** been a drug abuser or drug addict? ☐ Yes ☒ No

**Part 4. Information About Your Spouse and/or Children**

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information.**

1.a.	Family Name (Last Name)	Jenkins
1.b.	Given Name (First Name)	Aaron
1.c.	Middle Name	Harris
2.	Date of Birth (mm/dd/yyyy)	04/30/1985
3.	Country of Birth	United States of America
4.	Relationship	Son
5.	Current Location	Charlotte, North Carolina
6.a.	Family Name (Last Name)	Panton
6.b.	Given Name (First Name)	Dajon
6.c.	Middle Name	Savio
7.	Date of Birth (mm/dd/yyyy)	10/31/1989
8.	Country of Birth	United States of America
9.	Relationship	Son
10.	Current Location	Bronx New York
11.a.	Family Name (Last Name)	Panton
11.b.	Given Name (First Name)	Shamecca
11.c.	Middle Name	Octavia
12.	Date of Birth (mm/dd/yyyy)	02/24/1990
13.	Country of Birth	United States of America
14.	Relationship	Daughter
15.	Current Location	Atlanta Georgia

16.a.	Family Name (Last Name)	
16.b.	Given Name (First Name)	
16.c.	Middle Name	
17.	Date of Birth (mm/dd/yyyy)	
18.	Country of Birth	
19.	Relationship	
20.	Current Location	
21.a.	Family Name (Last Name)	
21.b.	Given Name (First Name)	
21.c.	Middle Name	
22.	Date of Birth (mm/dd/yyyy)	
23.	Country of Birth	
24.	Relationship	
25.	Current Location	

**Filing On Behalf of Family Members**

26. I am petitioning for one or more qualifying family members. ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to 26., you must complete and include Supplement A for each family member for whom you are petitioning.

**Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-918 Instructions before completing this part.

**Petitioner's Statement**

**NOTE:** Select the box for either **1.a.** or **1.b.** If applicable, select the box for **2.**

- 1.a.** ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b.** ☐ The interpreter named in **Part 6.** read to me every question and instruction on this petition and my answer to every question in  
  
 a language in which I am fluent, and I understood everything.
- 2.** ☒ At my request, the preparer named in **Part 7.**,  
  
 prepared this petition for me based only upon information I provided or authorized.

**Petitioner's Contact Information**

- 3.** Petitioner's Daytime Telephone Number
- 4.** Petitioner's Mobile Telephone Number (if any)
- 5.** Petitioner's Email Address (if any)

**Petitioner's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

**Petitioner's Signature**

**6.a.** Petitioner's Signature




**6.b.** Date of Signature (mm/dd/yyyy)

**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

**NOTE:** A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

**Part 6. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

**1.a.** Interpreter's Family Name (Last Name)

**1.b.** Interpreter's Given Name (First Name)

**2.** Interpreter's Business or Organization Name (if any)

**Part 6. Interpreter's Contact Information, Certification, and Signature (continued)****Interpreter's Mailing Address**

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5., 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature (sign in ink)
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☒ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



**Preparer's Statement**

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case  
☒ extends ☐ does not extend beyond the preparation of this petition.

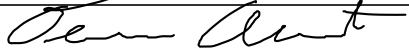
**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

**Preparer's Signature**

- 8.a. Preparer's Signature (sign in ink)



- 8.b. Date of Signature (mm/dd/yyyy)

12/20/2023

**Part 8. Additional Information**

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **Panton**

1.b. Given Name (First Name) **Robert**

1.c. Middle Name **Savio**

2. A-Number (if any) ▶ A- **0 3 1 2 5 7 3 2 0**

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. See attached addendum

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_  
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7.a. Page Number  7.b. Part Number  7.c. Item Number

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**Addendum to Form I-918**

Robert Savio Panton – A#031-257-320

**Pg. 2, Part 1, Question 18**

I am concurrently filing a Form I-192 to request the waiver of INA 212(a)(7)(B)(i)(I) because I am currently in the process of obtaining a new passport from Jamaica.

**Pg. 2, Part 1, Question 21**

I was placed into removal proceedings in August 2020. At the time, I was a lawful permanent resident. I filed an application for asylum, withholding of removal, and protection under the Convention Against Torture. I was denied and ordered removed on January 27, 2021. I appealed the decision to the Board of Immigration Appeals and then petitioned for review to the Seventh Circuit Court of Appeals. The Seventh Circuit denied my petition in June 2023. At the time, I benefitted from a stay of removal from Immigration and Customs Enforcement that expired in September 2023. The New York ICE Field Office Director has given me until March 26, 2024 to self deport. *See* attached letter from New York Field Office Director Kenneth Genalo at Ex H.

**Pg. 2, Part 2, Question 7a-b**

I was put in removal proceedings in August 2020. I was ordered removed on January 27, 2021. I appealed to the Board of Immigration Appeals and then petitioned for review to the Seventh Circuit Court of Appeals. The Seven the Circuit denied my petition in June 2023. At the time, I benefitted from a stay of removal from Immigration and Customs Enforcement that expired in September 2023. The New York ICE Field Office Director has given me until March 26, 2024 to self deport. *See* attached letter from New York Field Office Director Kenneth Genalo at Ex H.

**Pg. 3, Part 3, Question 1b-g**

Please see the below criminal history chart for a review of all arrests and criminal convictions. I am concurrently filing a Form I-192 to request the waiver of any relevant criminal grounds of inadmissibility.

In August 2020, Immigration and Customs Enforcement (ICE) detained me. ICE released me in April 2021 and I received two consecutive stays of removal from ICE.

<b>Why were you arrested, cited, detained or charged?</b>	<b>Date of arrest, citation, detention, or charge</b>	<b>Where were you arrested, cited, detained, or charged?</b>	<b>Outcome or Disposition</b>
<b>Criminal Dkt. No. 2N050653</b> Trespassing, NY Code 4A1.1(C);4A1.2(d).	June 9, 1982	Manhattan, New York, NY	Fine, no jail time

I pled guilty to not paying the fair on the New York Subway when I was 16 years old.			
<b>Criminal Dkt# 5N115065</b> Attempted Criminal Possession of a Controlled Substance, under NY 4A1.1(C); 4A1.2(e)(2) when I was 20 years old.  I was arrested for attempting to purchase PCP. I had been in a car accident and I was attempting to self-medicate for severe pain.	December 26, 1985	Manhattan, New York, NY	Conditional Discharge
<b>Case No. 89 CR</b> Conspiracy to Possess with Intent to Distribute Heroin, under 21 U.S.C. 812, 21 U.S.C. 841(a)(1) & 21 U.S.C. 841(b)(1)(A)  Please see my declaration for more details on my conviction	1991 (arrest)  05/24/1993 (sentenced)  08/10/2022 (released on supervised release)  06/2022 (end of supervised release)	Southern District of New York	Sentenced to Life in prison  In August 2020, my sentence was reduced to time served and I was released on August 10, 2022

**Pg. 4, Part 3, Question 4d**

In 1992, I was convicted of Conspiracy to Possess with Intent to Distribute Heroin, under 21 U.S.C. 812, 21 U.S.C. 841(a)(1) & 21 U.S.C. 841(b)(1)(A). I was sentenced to life in prison, but my sentence was later reduced to time served and I was released in August 2020.

**Pg 5, Part 3, Question 12a**

I was present for my own injury when I was shot and injured on January 10, 1991. Please see my declaration for additional details.

**Pg 6, Part 3, Question 13b**



I worked various jobs while in detention in the United States such as Orderly and Law Clerk . These jobs never involved harm to other inmates. These jobs allowed me to stay productive and learn new skills.

**Pg 6, Part 3, Question 17, 19**

I was placed into removal proceedings in August 2020. At the time, I was a lawful permanent resident. I filed an application for asylum, withholding of removal, and protection under the Convention Against Torture. I was denied and ordered removed on January 27, 2021]. I appealed the decision to the Board of Immigration Appeals and then petitioned for review to the Seventh Circuit Court of Appeals. The Seventh Circuit denied my petition in June 2023. At the time, I benefitted from a stay of removal from Immigration and Customs Enforcement that expired in September 2023. The New York ICE Field Office Director has given me until March 26, 2024 to self deport. *See* attached letter from New York Field Office Director Kenneth Genalo at Ex H.



## Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-918

OMB No. 1615-0104

Expires 06/30/2023

For USCIS Use Only	Remarks

▶ **START HERE** - Type or print in black or blue ink.**Part 1. Victim Information**

1. Alien Registration Number (A-Number) (if any)  
▶ A- 0 3 1 2 5 7 3 2 0

2.a. Family Name (Last Name) PANTON

2.b. Given Name (First Name) ROBERT

2.c. Middle Name SAVIO

**Other Names Used** (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information**.

3.a. Family Name (Last Name) LEMON

3.b. Given Name (First Name) BOB

3.c. Middle Name N/A

4. Date of Birth (mm/dd/yyyy) 12/31/1965

5. Gender ☒ Male ☐ Female

**Part 2. Agency Information**

1. Name of Certifying Agency  
NEW YORK CITY POLICE DEPARTMENT

Name of Certifying Official

2.a. Family Name (Last Name) EGER

2.b. Given Name (First Name) MELISSA

2.c. Middle Name A

3. Title and Division/Office of Certifying Official  
DEPUTY CHIEF

Name of Head of Certifying Agency

4.a. Family Name (Last Name) CABAN

4.b. Given Name (First Name) EDWARD

4.c. Middle Name A

**Agency Address**

5.a. Street Number and Name 1 POLICE PLAZA

5.b. ☐ Apt. ☒ Ste. ☐ Flr. 503

5.c. City or Town NEW YORK

5.d. State NY 5.f. ZIP Code 10038

5.g. Province N/A

5.h. Postal Code N/A

5.i. Country  
USA

**Other Agency Information**

6. Agency Type  
☐ Federal ☐ State ☒ Local

7. Case Status  
☐ On-going ☒ Completed  
☐ Other

8. Certifying Agency Category  
☐ Judge ☒ Law Enforcement ☐ Prosecutor  
☐ Other

9. Case Number  
1991-25-295

10. FBI Number or SID Number (if applicable)  
N/A

**Part 3. Criminal Acts**

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select all applicable boxes)

- |  |   |
|--|---|
| <input type="checkbox"/> Abduction   | <input type="checkbox"/> Manslaughter                                   |
| <input type="checkbox"/> Abusive Sexual Contact                                  | <input checked="" type="checkbox"/> Murder                              |
| <input checked="" type="checkbox"/> Attempt to Commit Any of the Named Crimes    | <input type="checkbox"/> Obstruction of Justice                         |
| <input type="checkbox"/> Being Held Hostage                                      | <input type="checkbox"/> Peonage  |
| <input type="checkbox"/> Blackmail   | <input type="checkbox"/> Perjury  |
| <input checked="" type="checkbox"/> Conspiracy to Commit Any of the Named Crimes | <input type="checkbox"/> Prostitution                                   |
| <input type="checkbox"/> Domestic Violence                                       | <input type="checkbox"/> Rape   |
| <input type="checkbox"/> Extortion   | <input type="checkbox"/> Sexual Assault                                 |
| <input type="checkbox"/> False Imprisonment                                      | <input type="checkbox"/> Sexual Exploitation                            |
| <input checked="" type="checkbox"/> Felonious Assault                            | <input type="checkbox"/> Slave Trade                                    |
| <input type="checkbox"/> Female Genital Mutilation                               | <input type="checkbox"/> Solicitation to Commit Any of the Named Crimes |
| <input type="checkbox"/> Fraud in Foreign Labor Contracting                      | <input type="checkbox"/> Stalking                                       |
| <input type="checkbox"/> Incest  | <input type="checkbox"/> Torture  |
| <input type="checkbox"/> Involuntary Servitude                                   | <input type="checkbox"/> Trafficking                                    |
| <input type="checkbox"/> Kidnapping  | <input type="checkbox"/> Unlawful Criminal Restraint                    |
|  | <input type="checkbox"/> Witness Tampering                              |

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy) 01/10/1991
- 2.b. Date (mm/dd/yyyy) N/A
- 2.c. Date (mm/dd/yyyy) N/A
- 2.d. Date (mm/dd/yyyy) N/A

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

PL 120.05 ASSAULT AND 125.25 MURDER

- 4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

☒ Yes ☐ No

- 4.b. If you answered "Yes," where did the criminal activity occur?

O/O 2407 2ND AVENUE NEW YORK, NY

- 5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

☐ Yes ☒ No

- 5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1**. Attach copies of all relevant reports and findings.

THE APPLICANT IS A VICTIM OF ATTEMPTED  
MURDER AND FELONIOUS ASSAULT. AFTER  
HEARING A NUMBER OF GUNSHOTS, THE  
VICTIM REALIZED HE WAS SHOT IN THE HIP  
AND FACE. HE WAS UNABLE TO SEE WHO WAS  
SHOOTING OR FROM WHICH DIRECTION THE  
SHOTS ORIGINATED. THE VICTIM WAS  
TRANSPORTED TO METROPOLITAN HOSPITAL  
IN CRITICAL CONDITION, THE VICTIM  
ASSISTED WITH THE INVESTIGATION OF THE  
CASE AFTER HIS CONDITION STABILIZED.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

THE VICTIM WAS SHOT IN THE FACE AND  
HIP, AND HE RECEIVED TREATMENT FOR HIS  
GUNSHOT WOUND AT METROPOLITAN  
HOSPITAL.

**Part 4. Helpfulness Of The Victim**

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3**? ☒ Yes ☐ No
2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☒ Yes ☐ No
3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☒ No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

THE VICTIM WAS HELPFUL BY REPORTING  
THE CRIME TO THE POLICE AND  
COOPERATING WITH THE INVESTIGATION.

4. Other. Include any additional information you would like to provide.

N/A



**Part 5. Family Members Culpable In Criminal Activity**

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? ☐ Yes ☒ No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Relationship
- 2.e. Involvement
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 3.d. Relationship
- 3.e. Involvement
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
- 4.d. Relationship
- 4.e. Involvement

**Part 6. Certification**

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)



2. Date of Signature (mm/dd/yyyy)

3. Daytime Telephone Number

4. Fax Number

**Part 7. Additional Information**

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

NEW YORK CITY POLICE DEPARTMENT

**Petitioner's Name**2.a. Family Name  
(Last Name)

PANTON

2.b. Given Name  
(First Name)

ROBERT

2.c. Middle Name

SAVIO

3. A-Number (if any)

▶ A- 0 3 1 2 5 7 3 2 0

4.a. Page Number

N/A

4.b. Part Number

N/A

4.c. Item Number

N/A

4.d. N/A

5.a. Page Number

N/A

5.b. Part Number

N/A

5.c. Item Number

N/A

5.d. N/A

6.a. Page Number

N/A

6.b. Part Number

N/A

6.c. Item Number

N/A

6.d. N/A

**Request for Fee Waiver****Department of Homeland Security**  
U.S. Citizenship and Immigration Services**USCIS****Form I-912**

OMB No. 1615-0116

Expires: 09/30/2024

For USCIS Use Only	Application Received At (Select only one box)	
	<input type="checkbox"/> USCIS Field Office  <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____	<input type="checkbox"/> USCIS Service Center  <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____

▶ **START HERE - Type or print in black ink.**

**If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 11. Additional Information. Complete and submit as many copies of Part 11., as necessary, with your request.**

**Part 1. Basis for Your Request** (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis; you must provide supporting documentation for each basis you want considered.

- ☒ I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 10.**)
- ☐ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
- ☐ I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

**Part 2. Information About You (Requestor)**

Provide information about yourself if you are the person requesting a fee waiver for a petition or application you are filing. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form.

**1. Full Name**

Family Name (Last Name)

Panton

Given Name (First Name)

Robert

Middle Name

Savio

**2. Other Names Used (if any)**

List all other names you have used, including nicknames, aliases, and maiden name.

Family Name (Last Name)

Lemon

Given Name (First Name)

Bob

Middle Name

**3. Alien Registration Number (A-Number) (if any)**

▶ A- 0 3 1 2 5 7 3 2 0

**4. USCIS Online Account Number (if any)**

▶

**5. Date of Birth (mm/dd/yyyy)**

12/31/1965

**6. U.S. Social Security Number (if any)**

▶

**Part 2. Information About You (Requestor) (continued)**

## 7. Marital Status

☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Separated

☐ Other (Explain)

**Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver**

1. In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.

Applications or Petitions for You and Your Family Members													
Full Name	A-Number (if any)										Date of Birth	Relationship to You	Forms Being Filed
Robert Panton	A-	0	3	1	2	5	7	3	2	0	12/31/1965	Self	I-192 I-765
	A-												
	A-												
	A-												
Total Number of Forms (including self)												2	

**Part 4. Means-Tested Benefits**

If you selected **Item Number 1.** in **Part 1.**, complete this section.

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if he or she is receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)
Robert Savio Panto	SELF	NY State of Health	MetroHealth Plus	01/01/2022	03/31/2024

**Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines**

If you selected **Item Number 2.** in **Part 1.**, complete this section.

**Your Employment Status**

## 1. Employment Status

☐ Employed (full-time, part-time, seasonal, self-employed) ☐ Unemployed or Not Employed ☐ Retired ☐ Other (Explain)



**Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)**

2. If you are currently unemployed, are you currently receiving unemployment benefits? ☐ Yes ☐ No

A. Date you became unemployed  
(mm/dd/yyyy)

**Information About Your Spouse**

3. If you are married or separated, does your spouse live in your household? ☐ Yes ☐ No

A. If you answered "No" to **Item Number 3.**, does your spouse provide any financial support to your household? ☐ Yes ☐ No

**Your Household Size**

4. Are you the person providing the primary financial support for your household? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 4.**, type or print your name on the line marked "self" in the table below. If you answered "No" to **Item Number 4.**, type or print your name on the line marked "self" in the table below and add the head of household's name on the line below yours.

Household Size					
Full Name	Date of Birth	Relationship to You	Married	Full-Time Student	Is any income earned by this person counted towards the household income?
		<b>Self</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Household Size (including self)					

**Your Annual Household Income**

Provide information about your income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

5. Your Annual Income \$

6. Annual Income of All Family Members

Provide the annual income of all family members counted as part of your household as listed in **Item Number 4.** (Do not include the amount provided in **Item Number 5.**)

\$

7. Total Additional Income or Financial Support \$

Provide the total annual amount you receive in additional income or financial support from a source outside of your household. (Do not include the amount provided in **Item Numbers 5.** or **6.**) You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Parental Support          | <input type="checkbox"/> Educational Stipends | <input type="checkbox"/> Unemployment Benefits    | <input type="checkbox"/> Financial Support From Adult Children, Dependents, Other People Living in the Household |
| <input type="checkbox"/> Spousal Support (Alimony) | <input type="checkbox"/> Royalties            | <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Other (Explain)   |
| <input type="checkbox"/> Child Support             | <input type="checkbox"/> Pensions             | <input type="checkbox"/> Veteran's Benefits       | <input type="text"/>   |

**Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)**

8. Total Household Income (add the amounts from **Item Numbers 5., 6., and 7.**) \$
9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.) ☐ Yes ☐ No

If you answered "Yes" to **Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

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**Part 6. Financial Hardship**

If you selected **Item Number 3.** in **Part 1.**, complete this section.

1. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness.

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2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

Assets	
Type of Asset	Value (U.S. Dollars)
<b>Total Value of Assets</b>	

**Part 6. Financial Hardship (continued)****3. Total Monthly Expenses and Liabilities**\$ 

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Rent and/or Mortgage    | <input type="checkbox"/> Loans and/or Credit Cards | <input type="checkbox"/> Other |
| <input type="checkbox"/> Food                    | <input type="checkbox"/> Car Payment               | _____                          |
| <input type="checkbox"/> Utilities               | <input type="checkbox"/> Commuting Costs           | _____                          |
| <input type="checkbox"/> Child and/or Elder Care | <input type="checkbox"/> Medical Expenses          | _____                          |
| <input type="checkbox"/> Insurance               | <input type="checkbox"/> School Expenses           | _____                          |

**Part 7. Requestor's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-912 Instructions before completing this part.

Each person applying for a fee waiver request must complete, sign, and date Form I-912 and provide the required documentation. This includes family members identified in **Part 3**. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.

Select the box for either **Item A.** or **B.** in **Item Number 1**. If applicable, select the box for **Item Number 2**.

**1. Requestor's Statement Regarding the Interpreter**

- A.** ☒ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B.** ☐ The interpreter named in **Part 9**, read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

**2. Requestor's Statement Regarding the Preparer (if applicable)**

- ☒ At my request, the preparer named in **Part 10**, , prepared this request for me based only upon information I provided or authorized.

**Requestor's Contact Information****3. Requestor's Daytime Telephone Number****4. Requestor's Mobile Telephone Number (if any)****5. Requestor's Email Address (if any)****Requestor's Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

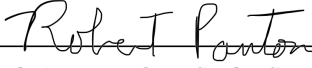
**Part 7. Requestor's Statement, Contact Information, Certification, and Signature (continued)**

**WARNING:** If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

***Requestor's Signature***

6. Requestor's Signature

Date of Signature (mm/dd/yyyy)

➔  12/15/2023

**NOTE TO ALL REQUESTORS:** If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

***Family Members' Signatures***

**NOTE:** Each family member **must** type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in **Item Numbers 7. - 10.** below. All family members identified in **Part 3.** must sign and date Form I-912.

I certify that the information provided by the requestor in **Part 7.** applies to me.

7. Family Member 1

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

8. Family Member 2

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

9. Family Member 3

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

10. Family Member 4

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

11. Family Member 5

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)



**Part 8. Family Member's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-912 Instructions before completing this part.

If the information provided by the requestor in **Part 7** is not applicable to a family member identified in **Part 3**, (for example, the family member used an interpreter or speaks a different language) that individual should complete **Part 8**. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

Select the box for either **Item A.** or **B.** in **Item Number 1**. If applicable, select the box for **Item Number 2**.

1. Family Member's Statement Regarding the Interpreter for 
  - A. ☐ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
  - B. ☐ The interpreter named in **Part 9**, read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.
2. Family Member's Statement Regarding the Preparer for 

☐ At my request, the preparer named in **Part 10**, , prepared this request for me based only upon information I provided or authorized.

***Family Member's Contact Information***

3. Family Member's Daytime Telephone Number
4. Family Member's Mobile Telephone Number (if any)
5. Family Member's Email Address (if any)

***Family Member's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

***Family Member's Signature***

6. Family Member's Signature  Date of Signature (mm/dd/yyyy)

**NOTE TO ALL FAMILY MEMBERS:** If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

**Part 9. Interpreter's Contact Information, Certification, and Signature**

1. Did any person filing this request use an interpreter? ☐ Yes, (complete this section) ☒ No (skip to **Part 10.**)
2. Was the same interpreter used for all individuals requesting a fee waiver (as listed in **Part 3.**)? ☐ Yes ☐ No

**NOTE for Family Members:** If you used a different interpreter than the one used by the requestor, make additional copies of **Part 9.**, provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed Form I-912.

Provide the following information about the interpreter for

**Interpreter's Full Name**

3. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

4. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

[\(USPS ZIP Code Lookup\)](#)

5. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Interpreter's Contact Information**

6. Interpreter's Daytime Telephone Number

7. Interpreter's Mobile Telephone Number (if any)

8. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

9. Interpreter's Signature




Date of Signature (mm/dd/yyyy)

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**

1. Did any person prepare this request on your behalf? ☒ Yes, (complete this section) ☐ No, skip
2. Was the same preparer used for all individuals requesting a fee waiver (as listed in **Part 3.**)? ☒ Yes ☐ No

**NOTE for Family Members:** If you used a different preparer than the one used by the requestor, provide the following information, and include the pages with your completed Form I-912.

Provide the following information about the preparer for

**Preparer's Full Name**

3. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
4. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

5. Street Number and Name  Apt. ☐ Ste. ☒ Flr. ☐ Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country

**Preparer's Contact Information**

6. Preparer's Daytime Telephone Number
7. Preparer's Mobile Telephone Number (if any)
8. Preparer's Email Address (if any)

**Preparer's Statement**

9. A. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- B. ☒ I am an attorney or accredited representative and my representation of the requestor in this case ☒ extends ☐ does not extend beyond the preparation of this request.

**NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)*****Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

***Preparer's Signature***

10. Preparer's Signature

Date of Signature (mm/dd/yyyy)



12/20/2022



**Part 11. Additional Information**

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number (if any) ► A- 

0	3	1	2	5	7	3	2	0
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3. A. Page Number  B. Part Number  C. Item Number

D.

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4. A. Page Number  B. Part Number  C. Item Number

D.

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5. A. Page Number  B. Part Number  C. Item Number

D.

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6. A. Page Number  B. Part Number  C. Item Number

D.

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Robert S Panton  
135 W 123rd St Apt 1A  
New York, NY 10027-5537

Account Number: **AC0010845004**

Date of Notice: **February 25, 2023**

## IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY THROUGH NY STATE OF HEALTH

► **Take the important step to managing your account online.**

Your NY State of Health online account holds important information about you and your household members. By setting up your online account, you can update your application on your own at any time. You can keep track of your information, including your notices, whenever you want.

**To set up your online account**, go to [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov), click on **GET STARTED**. Then, click **LOGIN** if you already have a NY.gov ID, or **REGISTER** if you are a new user. After you log in, enter this **invitation code — 164269499360710888874** — to confirm your personal information and finish setting up your account.

► Robert Savio Panton

Marketplace ID: [REDACTED] / CIN: [REDACTED]

**Starting April 1, 2023, you qualify for Essential Plan 4. You will pay \$0.00 (free) per month for your health plan.**

The Essential Plan covers all essential health benefits and does not have an annual deductible. You will have no co-pays for certain services. You also get additional benefits.

**Helpful Information:**

- NY State of Health is checking federal data sources to confirm your immigration status. We will contact you if you need to send in proof that you have an eligible immigration status.
- **Use your insurance ID card from your health insurance company to get services from a provider in your network.** You will continue to get services through your current health plan. Call your health insurance company to find a provider in your network or for questions about your coverage or benefits. You can also search for a provider at <https://pndslookup.health.ny.gov/>.

## You Must Report Changes

Over the next year, you must tell NY State of Health about any changes that would affect your eligibility for enrollment in health insurance within 30 days of such a change. You need to tell us if:

- Your income changes (only if you are receiving financial assistance);
- You get access to or enroll in the New York State Health Insurance Program (NYSHIP);
- Your eligibility for health insurance from a job changes;
- The cost of your health insurance premium from a job changes;
- You become qualified for other health insurance;
- You move;
- There is a change in immigration status;
- Your household changes. For example, you marry/divorce, become pregnant, or have a child; adopt a child, or a child is placed for adoption with you;
- There is a change in full-time student status (if applicable to application members);
- You change how you plan to file your taxes. For example, you will claim new dependents (only if you are receiving financial assistance).

### HOW TO REPORT CHANGES TO NY STATE OF HEALTH

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

Call us at:  
**1-855-355-5777**  
**(TTY: 1-800-662-1220)**

Mail:  
**NY State of Health**  
**PO Box 11729**  
**Albany, NY 12211**

If you do not report changes within 30 days and they affect your ability to get government help with insurance costs, you may have to pay back some or all of the subsidies you received.

Log into your account at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) or contact us to tell us about any changes.

## If You Think We Made a Mistake

If you think we made a mistake about your eligibility, you can call us to discuss your concerns. Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220).

You can appeal a decision:

- That you do not meet the rules to buy a health plan for yourself or your family through NY State of Health. Example: You do not live in New York State, or are incarcerated;
- That you do not meet the rules for getting help paying for a health plan you want to purchase;
- On how much you must pay for your monthly premium if you applied for financial help;
- That you do not meet the rules for coverage under Medicaid, Essential Plan or Child Health Plus;
- On how much money you must pay for Child Health Plus coverage if your children are eligible for this program;
- On how much money you must pay for Essential Plan coverage if you or a household member are eligible for this program;
- That you do not meet the rules for signing up for insurance through NY State of Health during “open enrollment” or a “special enrollment period;”

### **After the hearing**

The outcome of an appeal could change the eligibility of other people on your account even if they do not ask for an appeal.

If the appeal is not resolved in your favor, you may be responsible for the cost of the health coverage that you used while your appeal was being processed. Here are some examples of what you may have to do when the appeal is not resolved in your favor:

- If you received coverage through Medicaid while your appeal is being determined, you may have to pay back the cost of Medicaid benefits you received.
- If you were enrolled in the Essential Plan or Child Health Plus while your appeal was being determined, you may have to pay back your premium, if you have a premium.
- If your appeal found that you are not qualified for tax credits, the IRS will reconcile your tax credits when you file your federal tax return, which may result in a tax penalty.



You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 1-800-368-1019 (TTY: 1-800-537-7697). Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

### **Accommodations**

NY State of Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through New York Relay Service
- If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio or data CD, or Braille), contact 1-855-355-5777 (TTY: 1-800-662-1220).

NY State of Health also provides free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Written information in other languages

If you need these services or for more information on Reasonable Accommodations, please call 1-855-355-5777 (TTY: 1-800-662-1220).



Account Holder: Robert S. Pantón (57) [REDACTED]

Logged in as MisaGar5

ACCOUNT INFORMATION

BUILD HOUSEHOLD

INCOME INFORMATION

OTHER INFORMATION

APPLICATION SUMMARY

FIND A PLAN

Introduction

Plan Selection Dashboard

Select A Plan for :

• Robert Pantón

Confirm Plan Selections

Confirmation Acknowledgment

Return to Agent Portal

## Plan Selections Confirmed

Congratulations! Information about the plans you have chosen for you and your family is below. You can print out this page for your records.

### Essential Plan 4

Policy Start Date: 01/01/2022

Robert S. Pantón (57)

Member Start Date: 01/01/2022

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: Essential Plan 4	\$0.00	NA	\$0.00
New Plan Name: Essential Plan 4	\$0.00	NA	\$0.00

Your confirmation number is ET002456662090.

Information about benefits and your health plan identification card will come from your health plan. For any questions about your health plan's covered services and providers, you need to contact your health plan at:

**Essential Plan 4 1-855 809-4073**

In addition to receiving services covered by the Essential Plan, you can get additional services offered by Medicaid. You can get these services through a Medicaid provider by using your New York State Benefit Identification Card. Services include non-emergency transportation to medical appointments and family planning.

Call 1-855-355-5777 for more information or to find a Medicaid provider near you.

Print This Page

## About This Site

This is the official Website of NY State of Health The Official Health Plan Marketplace



## Call our help line

1.855.355.5777

TTY: 1.800.662.1220

Monday - Friday, 8 a.m. - 8 p.m.  
Saturday, 9 a.m. - 1 p.m.

## Follow us



## Voter Registration

If you have a driver's license or ID issued by NYS DMV

Register to Vote

or

Download Registration Form





**USCIS**  
**Form I-192**  
OMB No. 1615-0017  
Expires 10/31/2023

To be completed by an attorney or accredited representative (if any).												
<input checked="checked" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Volag Number (if any)	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)									
		6343286										

### Part 1. Application Type

I am seeking this permission so that I may obtain (select **only one box**):

1. ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).
2. ☒ Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status).

## Part 2. Information About You

***Your Full Name***

- |      |                            |        |
|------|----------------------------|--------|
| 1.a. | Family Name<br>(Last Name) | Panton |
| 1.b. | Given Name<br>(First Name) | Robert |
| 1.c. | Middle Name                | Savio  |

**Part 2. Information About You (continued)****Other Names Used (if any)**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8**.

**Additional Information.**

2.a. Family Name (Last Name) **Lemon**

2.b. Given Name (First Name) **Bob**

2.c. Middle Name

---

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

**Other Information**

4. Alien Registration Number (A-Number) (if any)  
 ▶ A- **0 3 1 2 5 7 3 2 0**

5. USCIS Online Account Number (if any)  
 ▶

6. Date of Birth (mm/dd/yyyy) **12/31/1965**

7. Gender ☒ Male ☐ Female

Place of Birth

8.a. City or Town  
**Kingston**

8.b. State or Province  
**Surrey**

8.c. Country  
**Jamaica**

9. Country of Citizenship or Nationality  
**Jamaica**

**Mailing Address**

10.a. In Care Of Name (if any)

10.b. Street Number and Name **135 W 123rd St**

10.c. ☐ Apt. ☐ Ste. ☐ Flr. **1A**

10.d. City or Town **New York**

10.e. State **NY** 10.f. ZIP Code **10027**

10.g. Province

10.h. Postal Code

10.i. Country  
**USA**

**Safe Mailing Address**

If you are a T or U visa applicant, and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home, you may provide a safe mailing address.

11.a. In Care Of Name (if any)

11.b. Organization Name (if applicable)

11.c. Street Number and Name

11.d. ☐ Apt. ☐ Ste. ☐ Flr.

11.e. City or Town

11.f. State 11.g. ZIP Code

11.h. Province

11.i. Postal Code

11.j. Country



**Part 2. Information About You (continued)****Address History**

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

## Physical Address 1 (current address)

12.a. Street Number and Name **135 W 123rd St**

12.b. ☒ Apt. ☐ Ste. ☐ Flr. **1A**

12.c. City or Town **New York**

12.d. State **NY** 12.e. ZIP Code **10027**

12.f. Province

12.g. Postal Code

12.h. Country **USA**

## Dates of Residence

13.a. From (mm/dd/yyyy) **02/2023**

13.b. To (mm/dd/yyyy) **PRESENT**

## Physical Address 2

14.a. Street Number and Name **333 Lennox Avenue**

14.b. ☒ Apt. ☐ Ste. ☐ Flr. **1**

14.c. City or Town **New York**

14.d. State **NY** 14.e. ZIP Code **10027**

14.f. Province

14.g. Postal Code

14.h. Country **USA**

## Dates of Residence

15.a. From (mm/dd/yyyy) **approx. 12/2021**

15.b. To (mm/dd/yyyy) **approx 02/2023**

## Physical Address 3

16.a. Street Number and Name **17 Willow Place**

16.b. ☐ Apt. ☐ Ste. ☐ Flr.

16.c. City or Town **Yonkers**

16.d. State **NY** 16.e. ZIP Code **10701**

16.f. Province

16.g. Postal Code

16.h. Country **USA**

## Dates of Residence

17.a. From (mm/dd/yyyy) **approx. 12/2021**

17.b. To (mm/dd/yyyy) **approx. 02/2023**

## Physical Address 4

18.a. Street Number and Name **412 West 146th St**

18.b. ☐ Apt. ☐ Ste. ☐ Flr.

18.c. City or Town **New York**

18.d. State **NY** 18.e. ZIP Code **10030**

18.f. Province

18.g. Postal Code

18.h. Country **USA**

## Dates of Residence

19.a. From (mm/dd/yyyy) **approx. 12/2021**

19.b. To (mm/dd/yyyy) **approx. 02/2023**

**Part 2. Information About You (continued)****Travel Information**

**NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 20. - 25.**

Location at Which you Plan to Enter the United States (desired Port-of-Entry)

20.a. City

20.b. State

21. Name of Port-of-Entry

22. How do you plan to travel to the United States?  
(For example, by plane, ship, car)

23. When do you plan to enter the United States? (mm/dd/yyyy)

24. Approximate Length of Stay in the United States

25. What is the purpose of your stay in the United States?  
Explain fully below.

**Immigration and Criminal History**

26. Do you believe that you may be inadmissible to the United States? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 26.**, explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Part 8.**

**Additional Information.** If you were told that you are inadmissible, provide the reason you were given.

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.e.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

Location where you filed your application (for example, USCIS Office or Port-of-Entry).

29.a. USCIS Office or U.S. Port-of-Entry

29.b. City or Town

29.c. State or Province

29.d. Country

29.e. Receipt Number (if available)

30. Have you **EVER** been in the United States for a period of six months or more? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 8. Additional Information.**

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32.a. - 32.c.**

If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 32.a. - 32.c.** for each of your additional applications or petitions.

32.a. Type of Application or Petition Filed

Petition for Alien Relative

32.b. Location Where You (or the Other Person) Filed the Application or Petition (for example, USCIS office or Port-of-Entry);

Kingston Jamaica

32.c. Outcome of the Application or Petition (for example, approved, denied, or is pending).

approved



**Part 2. Information About You (continued)**

33. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?

☒ Yes ☐ No

If you answered "Yes" to **Item Number 33.**, provide an explanation the information in the space provided in **Part 8. Additional Information.**

34. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?

☒ Yes ☐ No

If you answered "Yes" to **Item Number 34.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 8. Additional Information.**

**Part 3. Biographic Information**

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino  
☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native  
☐ Asian  
☒ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White

3. Height Feet  Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown  
☐ Gray ☐ Green ☐ Hazel  
☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☒ Black ☐ Blond  
☐ Brown ☐ Gray ☐ Red  
☐ Sandy ☐ White ☐ Unknown/Other

**Part 4. Other Information About You****Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Employer 1 (current or most recent)

1. Name of Employer or Company

Urban Home Ownership Corporation

Address of Employer or Company

- 2.a. Street Number and Name

- 2.b. ☐ Apt. ☐ Ste. ☐ Flr.

- 2.c. City or Town

- 2.d. State  2.e. ZIP Code

- 2.f. Province

- 2.g. Postal Code

- 2.h. Country

USA

3. Your Occupation

Maintenance Supervisor

Dates of Employment

- 4.a. From (mm/dd/yyyy)

- 4.b. To (mm/dd/yyyy)

**Part 4. Other Information About You (continued)**

Employer 2

5. Name of Employer or Company

Uber Eats

Address of Employer or Company

6.a. Street Number and Name 1455 Market Street

6.b. ☐ Apt. ☒ Ste. ☐ Flr. 400

6.c. City or Town San Francisco

6.d. State CA 6.e. ZIP Code 94103

6.f. Province

6.g. Postal Code

6.h. Country

USA

7. Your Occupation

Independent Contract Driver

Dates of Employment

8.a. From (mm/dd/yyyy) 07/2022

8.b. To (mm/dd/yyyy) 07/2022

**Information About Your Parents**

Information About Your Mother

Mother's Legal Name

9.a. Family Name (Last Name) Cornwall

9.b. Given Name (First Name) Gloria Delrose

9.c. Middle Name

Mother's Name at Birth (if different than above)

10.a. Family Name (Last Name) Panton

10.b. Given Name (First Name) Gloria Delrose

10.c. Middle Name

11. Date of Birth (mm/dd/yyyy) 09/25/1927

12. City or Town of Birth

Kingston

13. Country of Birth

Jamaica

14. Current City or Town of Residence (if living)

deceased

15. Current Country of Residence (if living)

deceased

Information About Your Father

Father's Legal Name

16.a. Family Name (Last Name) Panton

16.b. Given Name (First Name) Claver

16.c. Middle Name

Father's Name at Birth (if different than above)

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

17.c. Middle Name

18. Date of Birth (mm/dd/yyyy)

unknown

19. City or Town of Birth

Kingston

20. Country of Birth

Jamaica

21. Current City or Town of Residence (if living)

deceased

22. Current Country of Residence (if living)

deceased

**Information About Your Marital History**

23. What is your current marital status?

☒ Single, Never Married ☐ Married ☐ Divorced

☐ Widowed ☐ Legally Separated

☐ Marriage Annulled ☐ Other

24. How many times have you been married (including annulled marriages and marriages to the same person)?

▶ 0



**Part 4. Other Information About You (continued)****Information About Your Current Marriage**  
(including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. A-Number (if any)  
     ▶ A-

27. Current Spouse's Date of Birth (mm/dd/yyyy)

28. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

29.a. City or Town

29.b. State or Province

29.c. Country

Place of Marriage to Current Spouse

30.a. City or Town

30.b. State or Province

30.c. Country

**Information About Prior Marriages (if any)**

If you have been married before, whether in the United States or in any other country, provide the information requested in **Item Numbers 31.a. - 36.c.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 31.a. - 36.c.** for each additional marriage.

Prior Spouse's Legal Name (provide family name before marriage)

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Prior Spouse's Date of Birth (mm/dd/yyyy)

33. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

34.a. City or Town

34.b. State or Province

34.c. Country

35. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Place Where Marriage with Prior Spouse Legally Ended

36.a. City or Town

36.b. State or Province

36.c. Country



### Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-192 Instructions before completing this section.

#### Applicant's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in   
 ,  
 a language in which I am fluent, and I understood everything.
2. ☒ At my request, the preparer named in **Part 7.**,  
 ,  
 prepared this application for me based only upon information I provided or authorized.

#### Applicant's Contact Information

3. Applicant's Daytime Telephone Number  
 9546769788
4. Applicant's Mobile Telephone Number (if any)  
 9546769788
5. Applicant's Email Address (if any)

#### Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that the U.S. Department of Homeland Security (DHS) may require that I submit original documents to DHS at a later date. Furthermore, I authorize the release of any information from any and all of my records that DHS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my DHS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that DHS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

#### Applicant's Signature

- 6.a. Applicant's Signature  
 Robert J. Ponton
- 6.b. Date of Signature (mm/dd/yyyy)  12/21/2023

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

### Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

#### Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

**Part 6. Interpreter's Contact Information, Certification, and Signature (continued)****Interpreter's Mailing Address**

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☒ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  
(continued)

***Preparer's Statement***

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

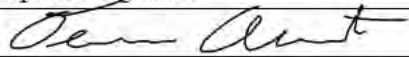
**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy)

12/21/2023

**Part 8. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **Panton**

1.b. Given Name (First Name) **Robert**

1.c. Middle Name **Savio**

2. A-Number (if any) ▶ A- 

0	3	1	2	5	7	3	2	0
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3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. **See Attached Addendum**

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.

**Addendum to Form I-192**

**Robert Savio Panton – A#031-257-320**

**Page 3, Part 2, Address History Continued**

*Note Regarding Physical Addresses 2 – 4: I lived in these three places during my first year back in New York City, but I do not remember exactly how long I spent in each place or the exact dates.*

**Physical Address 4:**

Street Number and Name: 7801 Beech Fern Circle

City or town: Tamarac

State: Florida

Zip Code: 33321

Dates of Residence: 08/2021 to 12/2021

**Physical Address 5:**

Street Number and Name: 10874 NW 34<sup>th</sup> Court

City or town: Coral Springs

State: Florida

Zip Code: 33065

Dates of Residence: 04/2021 to approx. 08/2021

**Physical Address 6**

Street Number and Name: Boone County Jail, 3020 Conrad Lane

City or Town: Burlington

State: KY

Zip Code: 41005

Country: USA

Dates of Residence: 08/10/2020 to 04/2021

**Physical Address 7**

Street Number and Name: USP Big Sandy, 1197 Airport Rd

City or Town: Inez

State: KY

Zip Code: 41224

Country: USA

Dates of Residence: fall 2018 to 08/2020

**Page 4, Part 2, Question 26**

Inadmissible under INA 212a(a)(2)(A)(i)(I) for a crime involving moral turpitude and INA 212a(a)(2)(C)(i) for a controlled substance trafficking offense and INA 212(a)(7)(B) for failure to meet documentation requirements. Please see my affidavit for additional details.



**Page 4, Part 2, Question 30**

I have resided in the United States since I was four years old. I came to the United States on or about October 28, 1970. I was a lawful permanent resident until I was ordered removed on January 27, 2021, I benefitted from two consecutive stays of removal and have been given until March 26, 2024 to self deport. *See* Ex. H, Letter from NY ICE ERO Director Genalo, dated August 25, 2023.

**Page 4, Part 2, Question 31-32**

My mom petitioned to bring me to the United States as a child. I came as a lawful permanent resident to the United States when I was four years old in October 1970. I do not remember exact dates or the process, but I grew up as a lawful permanent resident in New York.

**Page 4, Part 2, Question 33**

While in removal proceedings, I applied for asylum, withholding of removal, and protection under the convention against torture (CAT). Because of my conviction, my status as a lawful permanent resident was revoked and I was only eligible for protection under CAT. I was denied by the Immigration Judge and his decision was upheld by the Board of Immigration Appeals and the Seventh Circuit.

**Page 4, Part 2, Question 34**

<b>Why were you arrested, cited, detained or charged?</b>	<b>Date of arrest, citation, detention, or charge</b>	<b>Where were you arrested, cited, detained, or charged?</b>	<b>Outcome or Disposition</b>
<b>Criminal Dkt. No. 2N050653</b> Trespassing, NY Code 4A1.1(C);4A1.2(d).  I was arrested for not paying the fair on the New York Subway	June 9, 1982	Manhattan, New York, NY	Fine, no jail time
<b>Criminal Dkt# 5N115065</b> Attempted Criminal Possession of a Controlled Substance, under NY 4A1.1(C); 4A1.2(e)(2).  I was arrested for attempting to purchase PCP. I had been in a car accident and I was self-medicating.	December 26, 1985	Manhattan, New York, NY	Conditional Discharge
<b>Case No. 89 CR</b>	1991 (arrest)	Southern District of New York	Sentenced to Life in prison

Conspiracy to Possess with Intent to Distribute Heroin, under 21 U.S.C. 812, 21 U.S.C. 841(a)(1) & 21 U.S.C. 841(b)(1)(A)  Please see my declaration for more details on my conviction	05/24/1993 (sentenced)  08/10/2022 (released on supervised release)  06/2022 (end of supervised released)		In August 2020, my sentence was reduced to time served and I was released on August 10, 2022
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### **Pg 6, Part 4, Employment History**

#### **Employer 3**

Name of Employer of Company: Bureau of Prisons

Street Number and Name: USP Big Sandy, 1197 Airport Rd, Inez, KY 41224

Occupation: Various jobs

Date of Employment: approx. fall 2018 to 08/2020



## Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration ServicesUSCIS  
Form I-765  
OMB No. 1615-0040  
Expires 10/31/2025

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From  _____	Fee Stamp	Action Block										
	<input type="checkbox"/> Authorization/Extension Valid Through  _____												
	Alien Registration Number A- <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
Remarks													

To be completed by an attorney or  
Board of Immigration Appeals (BIA)-  
accredited representative (if any).☒ Select this box if Form G-28  
is attached.Attorney or Accredited Representative  
USCIS Online Account Number (if any)

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▶ **START HERE** - Type or print in black ink.**Part 1. Reason for Applying**

I am applying for (select only one box):

- 1.a. ☒ Initial permission to accept employment.
- 1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

**Part 2. Information About You****Your Full Legal Name**

- 1.a. Family Name (Last Name) 

Panton
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- 1.b. Given Name (First Name) 

Robert
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- 1.c. Middle Name 

Savio
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**Other Names Used**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

**Additional Information.**

- 2.a. Family Name (Last Name) 

Lemon
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- 2.b. Given Name (First Name) 

Bob
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- 2.c. Middle Name 

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- 3.a. Family Name (Last Name) 

--
- 3.b. Given Name (First Name) 

--
- 3.c. Middle Name 

--
- 4.a. Family Name (Last Name) 

--
- 4.b. Given Name (First Name) 

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- 4.c. Middle Name 

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